

Application for issue of Interment Warrant

Details of interment

Name of deceased:					
Place of residence:					
Age:			Religion:		
Occupation:			Date of death:		
Funeral date:		Time:		Estimated arrival time at cemetery:	
Funeral director:					
Cemetery:					
Plot previously reserved?		Yes	No	If YES, under what name?	
Berm / Row/ Plot number allocated:					
Size of grave (please tick):		Standard	Extra Depth <input type="checkbox"/>	Reopen <input type="checkbox"/>	Ashes <input type="checkbox"/>
Type of Handles:		Fixed <input type="checkbox"/>	Dropdown <input type="checkbox"/>		
Size of casket:		Width :	Length :	Height :	
Medical Certificate of Causes of Death Attached: Yes No					
Lowering Device: Yes No		Straps & Bearers: Yes No		Shovels: Yes No	

I/we the undersigned being/in the absence of the person registered/to be registered as the grantee of the grave above mentioned **DO HEREBY REQUEST** to Waikato District Council to allow the grave to be opened and the body of the person above to be interred therein.

I certify I am duly empowered to authorise the opening of the grave and I/we, the undersigned, **DO HEREBY INDEMNIFY** Waikato District Council against all actions, proceedings, claims, demands, damages, costs, losses and expenses whatsoever by reason of Waikato District Council having consented to the opening of such grave and the interment therein.

I/we acknowledge and accept personal liability for the full payment of all fees herein described.

Full name of applicant:	
Street address:	
Postal address: (if different)	
Telephone:	Mobile:
Relationship to deceased:	
Signed:	Date:

0800 492 452

■ If calling from overseas +64 7 824 8633

■ www.waikatodistrict.govt.nz

■ www.facebook.com/WaikatoDistrictCouncil

Postal Address
Waikato District Council
Private Bag 544
Ngaruawahia 3742

Huntly Office
142 Main Street
Huntly

Ngaruawahia Office
15 Galileo Street
Ngaruawahia

Raglan Office
7 Bow Street
Raglan

Te Kauwhata Office
1 Main Road
Te Kauwhata

Tuakau Office
2 Dominion Road
Tuakau

Payment Details

Payment in full (Preferred)	Payment by arrangement (to be approved by Finance Manager)
Plot charge: \$
Interment services fee: \$
Total payable: \$
Payment made: \$
Date:
Receipt number:

Please return this form to:

Email cemeteries@waidc.govt.nz

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