



Carded

Account No:
Warrant No:
Date:

**ARAMOHO CEMETERY WHANGANUI**

**APPLICATION FOR BURIAL**

Cemetery: \_\_\_\_\_  
Surname of Deceased: \_\_\_\_\_ Other Names: \_\_\_\_\_

Last Permanent Address: \_\_\_\_\_

Rank or Occupation: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female (circle)

Date of Birth: \_\_\_\_\_ No. of years in District: \_\_\_\_\_

Minister Officiating: \_\_\_\_\_ Denomination: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Size of Casket: \_\_\_\_\_

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Hour of Burial: \_\_\_\_\_ am/pm

No. of Grave on Plan: \_\_\_\_\_ Block: \_\_\_\_\_ Division: \_\_\_\_\_ Plot: \_\_\_\_\_

**Person in whose name the Grave is PURCHASED: -**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**- FEES -**

Burial Fee: \_\_\_\_\_ \$ \_\_\_\_\_

Purchase of Plots: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Crem No: \_\_\_\_\_ \$ \_\_\_\_\_

GST Tax \$ \_\_\_\_\_

**Person/Company responsible for Payment of Fees: -**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Person arranging funeral: -**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_