Whanganui District Council PO BOX 637 WHANGANUI

Person arranging funeral: -

Name: ___



Surname of Other Deceased: Names: Last Permanent Address: Age: Male/Female (circle) Date of Death: No. of years in District: Minister Officiating: Denomination: Last Permanent Address: Denomination: Last Permanent Address: No. of years in District: Denomination: Last Permanent Address: Last Permanent Address: No. of years in District: Denomination: Last Permanent Address: Last Permanent		Account N	No:	
ARAMOHO CEMETERY APPLICATION FOR BURIAL Cemetery: Surname of Deceased: Last Permanent Address: Rank or Occupation: Date of Death: Date of Birth: Minister Officiating: Funeral Director: Size of Casket:		Warrant N	No:	
APPLICATION FOR BURIAL Cemetery: Surname of Deceased: Last Permanent Address: Rank or Occupation: Date of Death: Date of Birth: Minister Officiating: Funeral Director: Size of Casket:	Carded	Date:		
Cemetery: Surname of Other Deceased: Names: Last Permanent Address: Age: Male/Female (circle) Date of Death: No. of years in District: Minister Officiating: Denomination: Funeral Director: Size of Casket:	ARAMOHO CEMETERY	WHANGANUI		
Surname of Deceased: Names: Last Permanent Address: Rank or Occupation: Age: Male/Female (circle) Date of Death: No. of years in District: Minister Officiating: Denomination: Funeral Director: Size of Casket:	APPLICATION FOR BU	RIAL		
Surname of Deceased: Names: Last Permanent Address: Rank or Occupation: Age: Male/Female (circle) Date of Death: No. of years in District: Minister Officiating: Denomination: Funeral Director: Size of Casket:				
Deceased: Names: Last Permanent Address: Rank or Occupation: Age: Male/Female (circle) Date of Death: No. of years in District: Minister Officiating: Denomination: Denomination: Size of Casket: Size of Casket	Cemetery:		Othor	
Last Permanent Address: Rank or Occupation: Date of Death: No. of years in District: Minister Officiating: Denomination: Funeral Director: Size of Casket:				
Rank or Occupation: Date of Death: Date of Birth: Minister Officiating: Denomination: Size of Casket:				
Date of Death: Age: Male/Female (circle) Date of Birth: No. of years in District: Minister Officiating: Denomination: Funeral Director: Size of Casket:	Last reillianent Address.			
Date of Birth: No. of years in District: Minister Officiating: Denomination: Funeral Director: Size of Casket:	Rank or Occupation:			
Minister Officiating: Denomination: Funeral Director: Size of Casket:	Date of Death:		Age:	Male/Female (circle)
Minister Officiating: Denomination: Funeral Director: Size of Casket:	Date of Birth:		No. of years in District:	
Funeral Director: Size of Casket:				
Size of Casket:				
	Funeral Director:			
Day: Date: Hour of Burial:am/pm	Size of Casket:			
	Day:	Date:	Hour of Burial:	am/pm
No. of Grave on Plan: Block: Division: Plot:	No. of Grave on Plan:	Block:	Division:	Plot:
Person in whose name the Grave is PURCHASED: -	Person in whose name the Grave i	s PURCHASED: -		
Name:	Name:			
Address:				
- FEES -	Address.			
Burial Fee: \$	Burial Fee:			\$
Purchase of Plots: \$	Purchase of Plots:			\$
Other: \$	Other:			\$
Crem No: \$	Crem No:			\$
			GST Tax	\$
Person/Company responsible for Payment of Fees: -	Person/Company responsible for F	<u>'ayment of Fees</u> : -		
Name:	Name:			
Address:	Address:			

This form must be completed and presented to the Sexton prior to the funeral, by the Funeral Director arranging the funeral and is the person/company responsible for the Fees. Where a Funeral Director is not the person arranging the funeral the full fees must be paid in cash (or Bank cheque) prior to the funeral service. The Whanganui District Council does not extend credit to individuals for Funeral Services.

Address:

Applicant's Signature: