



APPLICATION FOR BURIAL

Carded

Account No:
Warrant No:
Date:

SURNAME OF DECEASED: _____ **GIVEN 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 of Burial : _____ **Date of Burial:** _____ **Time of Burial:** _____

Cemetery: _____ **Area:** _____ **Division:** _____ **Plot:** _____

IF PURCHASING BURIAL PLOTS WITHIN ARAMOHO CEMETERY, PARTICULARLY PUBLIC LAWN C and D, THE HIGH WATER TABLE OF THIS AREA MAY RESULT IN WATER BEING PRESENT IN THE GRAVE. THIS IS COMMON WHEN IT IS A DOUBLE-DEPTH GRAVE. WATER WILL BE PUMPED OUT PRIOR TO ARRIVAL BUT IN SOME CASES THE GRAVE WILL RE-FILL IN A SHORT SPACE OF TIME. THE GRAVE WILL BE RE-PUMPED OUT PRIOR TO A CASKET BEING LOWERED AND THE GRAVE BACKFILLED.

PLEASE CONFIRM THAT YOU ARE AWARE OF THE POTENTIAL OF WATER IN THE GRAVE AND PLEASE SHARE THIS INFORMATION WITH YOUR FAMILY AND WHANAU.

SIGNED _____

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:** _____

Email address _____ **Contact Telephone** _____

Person arranging funeral: -

Name: _____ **Address:** _____

Applicant's Signature: _____

This form must be completed and presented to the Cemetery Manager 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.