



Application for: Plot Purchase for Casket Burials and Ash Interment



WHANGANUI
DISTRICT COUNCIL
Te Kaunihera a Rohe o Whanganui

Account No:

Date:

Certificate No:

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: _____

Plot Purchase – Casket

<input type="checkbox"/> Plot Purchase	<input type="checkbox"/> Burial	Depth:	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Child
Size of Casket:					
<input type="checkbox"/> Interment in existing plot - name of previous burial:					
<i>* For interment into an existing plot please also complete authority to open a reserved or occupied plot below.</i>					

Plot Purchase - Ashes

<input type="checkbox"/> Plot Purchase	<input type="checkbox"/> Interment of Ashes
<input type="checkbox"/> Interment in existing plot - name of previous burial:	
<i>* For interment into an existing plot please also complete authority to open a reserved or occupied plot below.</i>	

Details of Deceased

Surname of deceased:	Given names:
Last Address:	
Rank/Occupation:	Date of Birth: Age:
Years in District:	Date of Death:
Religion:	Gender:
Ethnicity:	Funeral Director:
Date of Burial:	Time of burial:

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 payment of fees. Where a Funeral Director is not the person arranging the funeral, full fees must be paid in full prior to the funeral service. The Whanganui District Council does not extend credit to individuals for Funeral Services.

Applicant responsible for payment of fees

Surname:	Given names:
Address:	
Relationship to Deceased:	Telephone No:
Email:	Person arranging funeral:
Signature of Applicant:	Date:



Whanganui District Council
PO Box 637
WHANGANUI



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Fees

Purchase of Plot:	NB: WDC applies a 25% surcharge on plot purchases for people who have not been a resident at the time of death.
Burial Fee:	
Total:	

Authority to open a reserved plot or reopen an occupied plot

Details of person applying to have the plot opened/reopened:

Full name:
Address:
Your Relationship to the Deceased:
Deceased relationship to those previously interred in this plot:

Are you the original plot purchaser? Yes / No **Please provide Certificate/Deed of ownership for plot**
Are you the Executor or Trustee of the original plot purchaser's estate? Yes / No **If yes please provide evidence of this.**

Consent of close relatives

Have the close relatives* of those previously interred been informed of the opening/re-opening of the plot for the purpose of interring the Deceased? Yes / No

To the best of your knowledge and belief has any close relative, executor/s, beneficiaries of the person(s) previously interred or the Deceased expressed any objection to the opening or re-opening of the plot for the purpose of interring the Deceased? Yes / No

**Close relatives refers to Parent or step parent, child or step child, grandparent, brother or sister including half brother or sister, spouse, civil union partner or de facto partner.*

Authority of the plot holder or their family is required before approval to reopen the plot can be granted.

Declaration: Authority to open/reopen a plot

By signing below:

1. I give authority for the plot to be opened/reopened for the burial of the Deceased
2. I am the appropriate person(s) to provide this authority by being the original plot purchaser, executor of the original plot purchaser or as the Trustee of the original plot purchaser's Estate.
3. I confirm that to the best of my knowledge and belief, none of the close relatives listed above would object to my authority being given to open/reopen this plot.

Signature:	Name:	Date:
Witness:	Name:	
Occupation:	Witness city/town of residence:	

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NB WDC does not assume a mediator role where any family disputes may arise. The council will act in good faith on the information provided by this application to inter and reserves the right to decline any request to open or re-open a plot if it is considered necessary.