

# Application for Interment

HDC Burial Number:



The completed Application for Interment must be received at least **8 working hours** prior to burial taking place. Any burial bookings must be confirmed with the Cemeteries Manager prior to receiving the completed Application for Interment.

## INTERMENT DETAILS

### Interment Type

Burial       Ashes Interment       Ashes Scattering

### Cemetery

Hastings       Havelock North       Mangaroa       Puketapu

### Day/Date/Time of Interment

Day of Interment		Date of Interment		Time	
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## DECEASED PERSON DETAILS

Mr       Mrs       Ms       Miss       Dr       Other (*state*)

Full Name					
Date of Birth			Date of Death		
Age		<input type="checkbox"/> Male <input type="checkbox"/> Female	Religion		
Residential Address					
Occupation ( <i>before retirement</i> )					
Ethnicity					

## GRAVE DETAILS

Block		Row		Plot	
<b>Type of Grave</b>					
<input type="checkbox"/> New Purchase	<input type="checkbox"/> Re-open	<input type="checkbox"/> Ashes plot or niche	<input type="checkbox"/> Open pre-purchased		
Name of Person Previously Buried					
Date of Death					
<b>Depth of Burial</b>					
<input type="checkbox"/> Single Depth	<input type="checkbox"/> Double Depth	<input type="checkbox"/> Baby/Child			

## FUNERAL DIRECTOR / AGENT

Funeral Company		Agent	
Email		Phone	

CASKET/URN DETAILS					
<input type="checkbox"/> Shaped Coffin		<input type="checkbox"/> Oblong Coffin <i>(Grave will be dug for shaped if choice not indicated)</i>			
Length (mm)		Depth (mm)		Width at widest point (mm)	
Urn Length (mm)				Width at widest point (mm)	
Service Requirements					
<input type="checkbox"/> Lowering Device		<input type="checkbox"/> Sticks and Straps		<input type="checkbox"/> Shovels	
<input type="checkbox"/> Other Requirements					

APPLICANT DETAILS					
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other <i>(state)</i>
Full Name					
Address					
Email					
Contact Number				Mobile Number	
Relationship to Deceased					
<input type="checkbox"/> Right of Burial holder			<input type="checkbox"/> Executor of Will or Estate		
Right of Burial Number					
<i>Please note: A plot will not be reopened until proof of ownership is presented; if parties are deceased and there is no will or executor then a declaration is to be completed.</i>					
I am the exclusive right of burial holder/ executor and hereby consent to this burial taking place.					
Signature of Applicant				Date	
Form of Photo Identification Provided and Number					

INDEMNITY FOR GRAVE, BURIAL AND ASSOCIATED FEES					
In respect of the interment of the late					
I <i>(full name)</i>					
of <i>(physical address)</i>					
or <i>(postal address if different)</i>					
Hereby agree to accept liability to Hastings District Council for the payment of fees as set out below. I further agree that no headstone or monument will be erected on the grave until the below fees have been paid in full.					
Signature				Date	
Form of Photo Identification Provided and Number					
Email				Phone	

FEES					
Out of District Fee	\$	Grave Fees	\$	Miscellaneous Fees	\$
Chapel Fee	\$	Interment Fee	\$		\$
Overtime Fees	\$	Maintenance Fees	\$	<b>Total Cemetery Costs</b>	\$

OFFICE USE ONLY					
Invoice No		<input type="checkbox"/> Register	<input type="checkbox"/> Index	<input type="checkbox"/> Plan	<input type="checkbox"/> Data Entry