



CENTRAL HAWKES BAY DISTRICT COUNCIL
Telephone: 06 857 8060 Fax: 06 857 7179

APPLICATION FOR BURIAL WARRANT FOR ASHES
2015-16
WAIPAWA CEMETERY

1. Full name of Deceased : _____
 2. Name of Applicant: _____
 3. Age of Deceased: _____
 4. Late Residence: _____
 5. Late Occupation: _____
 6. Religion: _____
 7. Date of Death: _____
 8. Date of Interment : _____ Time of Interment: _____
 9. Reference to allotment on plan: **Plot: 94**
Block: Octagon Ashes Garden F
 10. Previous interment:
 11. Name of Funeral Director: _____
 12. Name of Monumental Services:
- _____
Signature of Applicant:
- _____
Date of Application: