



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

**NOTIFICATION BY FUNERAL DIRECTOR OF
INTERMENT ARRANGEMENTS 2015-16**

_____ **CEMETERY**

Full name of Deceased: _____

1. Age of Deceased: _____

2. Late Residence: _____

3. Late Occupation: _____

4. Date of Death: _____

5. Date of Burial: _____ Time of burial: _____

6. Reference to allotment on plan: **Plot:** _____ **Block:** _____

8. Depth: Standard

7. Size of grave:

8. Re-Open Grave: _____

10. Name of Funeral Director: _____

11. Proof of ownership sighted:

Signature of Applicant

date

FEES PAYABLE FOR THIS INTERMENT

Purchase of Exclusive Right of Burial Block	Plot No:	\$ 650.00
Interment Fee (includes maintenance of plot(s) in perpetuity)		
Includes Weekend/Public Holiday interment		\$ 710.00
		<hr/>
	TOTAL	\$1,360.00 (Incl GST)

INDEMNITY FOR PURCHASE OF EXCLUSIVE RIGHT OF BURIAL IN PLOT(S) AND INTERMENT FEES

In respect of the interment of the late

I _____ (name in full)

Of _____ (postal address)

Hereby agree to accept liability to the Central Hawkes Bay District Council for the payment of fees totaling \$ _____ as detailed above. I further agree that no headstone or monument will be erected on the grave until the above fees have been paid in full.

Signature of person accepting liability: _____

PERMISSION TO USE RESERVED/OCCUPIED PLOT

I _____

Being the owner of the exclusive right to burial in Plot _____ Block _____

Authorize the burial of the late _____ in the above plot.

Signed: _____