

# Application for body and ash burial, scattering of ashes and authority to open



Consecutive burial number: \_\_\_\_\_

Body burial                       Ash burial                       Scattering of ashes

At \_\_\_\_\_ cemetery

## APPLICANT DETAILS:

Exclusive right of burial holder                       Executor of will or estate

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 statutory declaration is to be completed or refer to section B.

Mr     Mrs     Ms     Miss

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Contact number: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

## DECEASED'S DETAILS:

Mr     Mrs     Ms     Miss                      Gender:     Male     Female

Full name: \_\_\_\_\_

Residential address (last known): \_\_\_\_\_

Age: \_\_\_\_\_ Date of death: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

## BURIAL BOOKING DETAILS:

Date: \_\_\_\_\_ Arrival time: \_\_\_\_\_ AM/PM

## GRAVE DETAILS:

Area / Section: \_\_\_\_\_ Block / Wall: \_\_\_\_\_ Row: \_\_\_\_\_ Number: \_\_\_\_\_

I agree to abide by the Cemeteries and Crematoria Bylaw and Code of Practice (available at [aucklandcouncil.govt.nz](http://aucklandcouncil.govt.nz)) and have been provided with the burial plot guidelines.

## BURIAL DETAILS:

First burial                       Reopen

## Names of previously buried:

1. \_\_\_\_\_ Date of death: \_\_\_\_\_

2. \_\_\_\_\_ Date of death: \_\_\_\_\_

## Depth of burial:

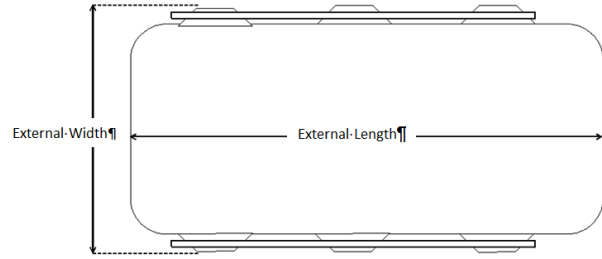
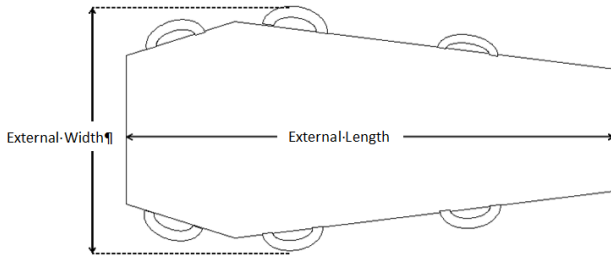
Single depth                       Double depth                       Triple depth                       Baby /Child

**CASKET DETAILS:**

Casket / urn size \*\* length: \_\_\_\_\_ x width\*\* \_\_\_\_\_ x height \_\_\_\_\_

\*\*Please ensure you measure casket or urn at the widest point including handles

Shaped  Oblong  Fixed handles  Drop down handles



**SOURCE OF ASHES:**

Family bringing  Funeral director  At crematorium  Sexton required

**GRAVESIDE DETAILS:**

Sand (max. 10 bags supplied by family)  Casket will be wrapped in mat / tapa cloth (max. 1)  Family to backfill  
 Lowering device  Sticks and straps

Funeral director attending Expected number of attendees: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**FUNERAL DIRECTOR/AGENT:**

Funeral company: \_\_\_\_\_ Funeral director: \_\_\_\_\_

Email: \_\_\_\_\_ Contact number: \_\_\_\_\_

**AUTHORITY TO OPEN:**

Complete section A or B

**A.** 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 \_\_\_\_\_ Burial right number: \_\_\_\_\_

**B.** I being the funeral director, agent named above, having carried out due enquiry am satisfied that this burial is authorised

Signature of funeral director / agent: \_\_\_\_\_ Date: \_\_\_\_\_

Form of photo Identification \_\_\_\_\_ Burial right number: \_\_\_\_\_

**PRIVACY STATEMENT:**

The personal information that you provide in this form will be held and protected by Auckland Council in accordance with our privacy policy (available at [www.aucklandcouncil.govt.nz/privacy](http://www.aucklandcouncil.govt.nz/privacy) and at our libraries and service centres) and with the Privacy Act 1993. Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.

**OFFICE USE ONLY:**

Right of burial (grave) \$ \_\_\_\_\_ Chapel hire \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Burial fee \$ \_\_\_\_\_ Lounge hire \$ \_\_\_\_\_

Oversized casket fee \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  Family to pay  Charge to Funeral company