

Application for Ash Burial or Scattering of Ashes and Authority to Open

Office use only
Service Order no

Office use only
Contract no.

Ash burial Scattering of ashes

At _____ Cemetery

Applicant details

The applicant details below must be completed by the burial rights holder (the person that purchased the burial rights of the plot) or the executor of estate for the burial rights holder. A plot will not be opened 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 'Authority to open' section B on the next page of this form.

Mr Mrs Ms Miss

Office use only Customer ID.

Full name: _____

Address: _____

Email: _____

Contact number: _____

Relationship to deceased: _____

Funeral director/agent

Company name: _____

Funeral director: _____

Email: _____

Contact number: _____

Fees and charges

Fees are to be charged to (tick one): The applicant named above The funeral company named above

Deceased's details

Mr Mrs Ms Miss

Gender: Male Female

Full name: _____

Other name(s) known by: _____

Residential address (last known): _____

Date of birth: _____

Age: _____

Years / Months / Weeks / Gestation (select one)

Date of death: _____

Place of death: _____

Occupation (last known): _____

Burial booking details

Day/Date: _____

Arrival time: _____

AM/PM

Burial grave/plot 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) and have been provided with the burial plot guidelines.

Burial details

First burial Reopen – provide below the name(s) of previously buried:

1. _____ Date of death: _____
2. _____ Date of death: _____

Urn details

Length (mm): _____ External width (mm): _____ External height (mm): _____
Shape: _____ Urn material: _____

Source of ashes

Family bringing Funeral director At crematorium

Graveside details

Wrapped in mat/tapa cloth Funeral director attending Sexton required Family to backfill

Expected number of attendees: _____

Position of urn (*office use only*): _____

Scattered by (*Required for Scattering of Ashes only*)

Cemetery Funeral director Family

SPECIAL INSTRUCTIONS*: _____

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.

Full name: _____

Signature: _____ Date: _____

Form of Photo ID: Driver's licence Passport HANZ 18+ Other – please specify: _____

B. I am the funeral director, have carried out due enquiry and am satisfied that this burial is authorised.

Funeral company: _____ Full name: _____

Signature: _____ Date: _____

Form of photo ID: Driver's licence Passport HANZ 18+ Other – please specify: _____

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 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

Burial fee	\$ _____	Chapel hire	\$ _____	Total	\$ _____
Oversized urn fee	\$ _____	Lounge hire	\$ _____		
Weekend fee	\$ _____	Other	\$ _____		