

Application for Body Burial and Authority to Open

Office use only
Service Order no.

Office use only
Contract no.

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 the name(s) of previously buried on next page:

1. _____ Date of death: _____

2. _____ Date of death: _____

Depth of burial:

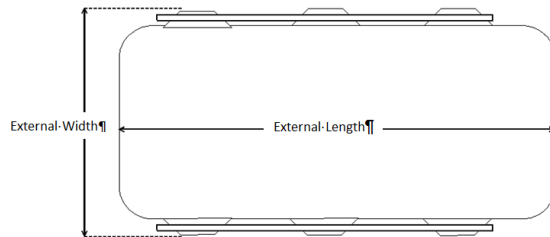
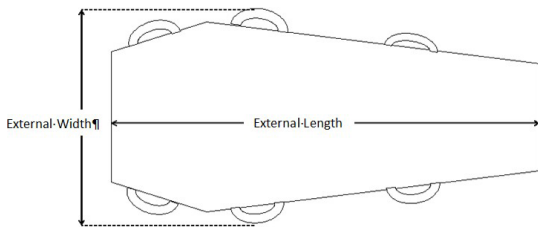
- Single depth Double depth Triple depth Baby/Child

Casket/shroud details

Length (mm): _____ External width** (mm): _____ External height (mm): _____

**Please ensure you measure casket/shroud at the widest point including handles.

- Shape Oblong Batesville Fixed handles Drop down handles



Graveside details

- Sand (max.10 bags, supplied by family) Casket wrapped in mat/tapa cloth (max.1) Family to backfill
 Lowering device Sticks and straps Funeral director attending
Expected no. of attendees: _____ Casket material – please specify: _____

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 casket fee	\$ _____	Lounge hire	\$ _____		
Weekend fee	\$ _____	Other	\$ _____		