

Application for Mausoleum Interment 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 (circle one)

Date of death: _____

Place of death: _____

Occupation (last known): _____

Burial booking details

Day/Date: _____

Arrival time: _____

AM/PM _____

Mausolea plot details

Area/Section: _____

Block/Wall: _____

Row: _____

Number: _____

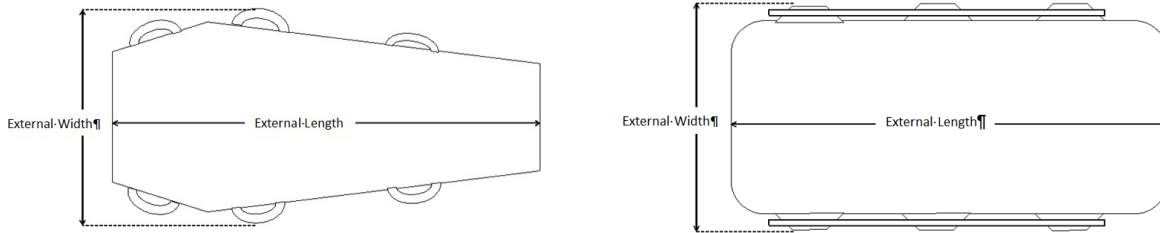
I agree to abide by the Cemeteries and Crematoria Bylaw and Code of Practice (available at aucklandcouncil.govt.nz) and have been provided with the burial plot guidelines.

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



Other details

Funeral director attending Expected no. of attendees: _____

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 Director Declaration

I hereby declare that the deceased has been prepared in a Hermetically Sealed Liner as per the Act 1964, the Health (Burial) Regulations 1946, the Coroner's Act 2006 and Regulations and the Human Tissue Act 2008 that states: Interments must be hermetically sealed with either zinc, stainless steel, tin or copper.

Deceased name: _____

Date of interment: _____ Mausolea plot ID: _____

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	\$ _____		

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