

APPLICATION FOR WARRANT OF INTERMENT

Burials and Cremations Act 1964

APPLICANT'S DETAILS

Full Legal Name

First Names

Surname

Address

Relationship to the Deceased

Contact Phone

Mobile

Email

BILLING INFORMATION (IF DIFFERENT FROM ABOVE)

Full Name

First Names (or Company Name)

Surname

Billing Address

Contact Phone

Mobile

Email for Invoicing

DETAILS OF THE DECEASED

I (*the above named Applicant*) apply for a Warrant of Interment to the Nelson City Council to undertake the interment of:

Full Legal Name of Deceased

First Names

Surname

Date of Death

Age

Gender

Address of Deceased

INTERMENT DETAILS

Date of Interment _____ Time _____

PLOT DETAILS

Cemetery _____ Block _____ Plot _____

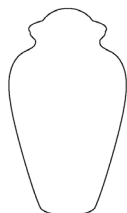
If unknown please provide full name below of either:

- Individual already interred in the existing plot **OR** - Individual who holds Exclusive Right of Burial

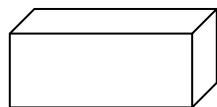
ASH INTERMENT

Urn size (mm)

Length x Width x Height



Urn



Urn



Scatter tube

Please indicate which urn shape applies

BURIAL INTERMENT

Casket size (mm)

Length x Width



Please indicate which casket shape applies

TYPE OF BURIAL

Natural

Religious

Standard

DEPTH

Single

Double

Triple

REQUIRED FOR PRIVATE APPLICATIONS ONLY

Copy Medical Certificate of Cause of Death or Death Certificate - attached or

Copy Medical Certificate of Cause of Foetal and Neonatal Death HP 4721 - attached or

Copy Coroners' Authorisation for Release of Body CO3 - attached

RSA DETAILS (IF APPLICABLE)

Field of Operation _____

Reg Number _____ Rank _____

ADDITIONAL INFORMATION

Please **email** completed form with all supporting documentation to interments@ncc.govt.nz. This application cannot be processed until all information is provided.

By completing this form, you are agreeing to Nelson City Council's customer account Terms and Conditions. Please refer to our website terms and conditions of credit.