

WAIROA DISTRICT COUNCIL

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☑ cemeteries@wairoadc.govt.nz

www.wairoadc.govt.nz

PO Box 54, Wairoa 4160, Hawke's Bay

Coronation Square, Queen Street, Wairoa

APPLICATION FOR BURIAL

Please fill out this form if you wish to apply for a burial, complying with Part 6 - Cemeteries of the Consolidated Bylaw 2023.

The **application fee** can be found on the Fees & Charges page of Council's website. Head to www.wairoadc.govt.nz and search for 'fees & charges'. When requesting a burial, Plot Charges are added to the Interment Fee if you haven't pre-purchased a cemetery plot. There will be a charge of double the fee for interments on Sundays and public holidays.

For more information, please contact Council on (06) 838 7309.

Please answer all questions fully.

Applicant Details (Funeral Director or other	r person responsible for the manage	ement of the burial)
Full Name		
Postal Address		
		Post Code
Email Address		
Phone Number		
Relationship to Deceased		
Details of Deceased		
Family Name		
First Name(s)		
Last Known Residential Address		
		Post Code
Occupation		
Gender (M/F)	Re	ligion
Date of Birth	Ago	e
Date of Death	Re	lationship
Next of Kin		
Funeral Date & Time		
Doctor (Certifying)		
Medical Certificate Cause of Death Attached (please tick)	□ Yes	□ No

Cemetery and Plot Details							
Have you pre-purchased a cemetery plot? (please tick)							
☐ Yes			No				
(please provide details be	elow)		(We will discuss cemete	ery/plot options with you)			
Cemetery Name							
Plot Location	Block		Row	Plot			
		_					
Do you have permission to request this plot if you are not the owner? (please tick)							
□ Yes			No				
Please provide the plot owner's con	tact details below:						
Full Name							
Postal Address							
-				Post Code			
Email Address							
-							
Phone Number							
Plot Requirements							
Plot Type (please tick)							
☐ Ashes							
☐ Casket							
Urn or Casket Dimensions							
Length			cm				
Width			cm				
			-				
Is this the first burial in this plot? (plea	ase tick)						
☐ Yes			No				
Depth Requirements (please tick)							
☐ Standard							
☐ Double							
Do you require an extra length plot? (please tick)						
☐ Yes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	П	No				
-		_					
Do you require any of the following g	ear? (nlease tick)						
Lowering Device	car. (picuse tien)						
☐ Yes		П	No				
		ш					
Straps & Bearers			No				

Application & Declaration

The Council relies on the information contained in this application being complete and accurate. The Applicant must take all reasonable steps to ensure that it is complete and accurate and accepts responsibility for information in this application being so.

I hereby apply for a burial complying with Part 6 - Cemeteries of the Consolidated Bylaw 2023 and I certify that to the best of my knowledge and belief the information given in this application is complete and accurate.

I am the person arranging this burial. I hereby provide authority for the Plot to be opened for the purposes of burying the deceased. I am the appropriate person to provide this authority. I confirm that to the best of my knowledge and belief, none of the close relatives or executors of those persons previously buried in the plot would object to my providing this authority to re-open the plot.

Signed by the Applicant					
Full name of person lodging this form					
Date					
WDC Office Use Only					
Fees & Charges					
Plot Charge	\$				
Burial Fee	\$				
Total Payable	\$				
Payment Details					
Date					
Receipt Number					
Burial Approval					
This is approval for this burial, given by an a	authorized office	r of the Wairea District Counci	l.		
This is approvation this bullat, given by all a	authorised billce	i of the wanda District Counci			
Signed by Officer					

Full Name Officer

Date