



# WAIROA DISTRICT COUNCIL

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PO Box 54, Wairoa 4160, Hawke's Bay  
Coronation Square, Queen Street, Wairoa

## APPLICATION TO PURCHASE A CEMETERY PLOT

Please fill out this form if you wish to apply to purchase a cemetery plot, 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](http://www.wairoadc.govt.nz) and search for 'fees & charges'. The fee will depend on the plot type & requirements which will be covered in this form.

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

**Please answer all questions fully.**

### Applicant Details *(Person responsible for the payment of all relevant fees & charges)*

Full Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Post Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

### Plot Owner's Details *(Requesting the exclusive right of burial)*

Full Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Post Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

### Details of Reserved Plot *(Exclusive right of burial)*

Cemetery Name \_\_\_\_\_  
Plot Location                      Block \_\_\_\_\_      Row \_\_\_\_\_      Plot \_\_\_\_\_      CE ID \_\_\_\_\_

#### Plot Type *(please tick)*

- Ashes
- Child (casket)
- Standard (casket)

#### Plot Requirements *(please tick)*

- Single Depth
- Double Depth

**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 to purchase a cemetery plot 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.*

Signed by the Applicant \_\_\_\_\_

Full name of person lodging this form \_\_\_\_\_

Date \_\_\_\_\_

**WDC Office Use Only**

**Payment Details**

Fee \$ \_\_\_\_\_

Date \_\_\_\_\_

Receipt Number \_\_\_\_\_

Invoice Number \_\_\_\_\_