



ASHBURTON DISTRICT COUNCIL
APPLICATION FOR INTERMENT
FAX 03 3081584
Sexton 0275 313 889

PO Box 94
 Ashburton 7740
 03 307 7700
 03 3077 351

Deceased Family Name _____
 First Names _____
 (Legal names as appear on the Death Certificate)
 Last Address _____
 Nationality _____ Occupation _____ Date of Death _____
 Sex (please circle) M / F Age _____

Plot requirement Cemetery _____ Denomination _____
 Type (please circle) Lawn Ashes RSA Reopen Childrens
 Old section pre-purchase Maori Other _____ (please specify)
 Grave depth 2.1M 1.5M Head to headstone Facing the rising sun
 Plot number _____ Area/ Section _____ Plot purchased by _____

Interment instructions Date of interment _____ Day _____
 Time of Interment _____ Type: Ashes Casket Rectangle
 Casket or Urn Dimensions length (m) _____ Width (m) _____ Large Handles
 Officiating Person(s) _____ Funeral Directors _____
 Special Instruction _____

Next of Kin Name _____
 Address _____
 Phone No _____ Relationship to deceased _____

Authorisation I am the person arranging this interment. I declare the information given on this form to be correct I/the company will be responsible for paying the interment fees and other related fees set by Ashburton District Council in consideration of being granted the right to inter.
 Funeral Director _____
 Name _____ Phone No _____
 Address _____
 Signature _____ Date _____

Office use only

Purchase of plot	_____	_____	
Interment fee	_____	_____	
Extra Depth	_____	_____	
Reopen (2nd interment)	_____	_____	
Breaking of concrete	_____	_____	
Afterhours fee 4.30>	_____	_____	
Weekend fee <1.00 / 1.00>	_____	_____	
Less then 8 working hours notice	_____	_____	
TOTAL FEES	_____	_____	

Hard Copy
 Invoiced
 Inputted