

# Application for Muslim Burial

**Contact us:**

03 307 7700  
cemeteries@adc.govt.nz

**Drop off or post to:**

2 Baring Square East  
Ashburton 7700

**Please Note:** Application fees and other charges may apply. For more information, please contact Customer Services or visit [ashburtondc.govt.nz](http://ashburtondc.govt.nz)

An original *Medical Certificate of Cause of Death (HP4720)* or Coroner's *Authorisation for Release of Body* must accompany the application.

## Deceased Details

Family name:	Maiden name:	
First name(s):		
Last known address:		
Date of death:	Place of death:	Age:
Date of birth:	Place of birth:	Sex:
Occupation:	Years in NZ:	
Religion:	Nationality:	

## Next of Kin Details

Family name:	First name(s):
Address:	
Phone:	Mobile:
Email:	
Relationship:	Signature:

## Special / Further Instructions:

## Interment Information

Cemetery:	Area:	Plot:
Day:	Date:	Time:
Depth:		
Family attending:	Family to fill in plot:	Please provide shovels:



Please turn over and complete the other side of this form.

## 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 the Ashburton District Council in consideration of being granted the right to inter the individual(s) named in the above plot(s).

A resident is defined as someone who has lived in the Ashburton District in the last two years prior to the date of death. If the deceased is not a resident, a non-resident fee may apply.

Funeral Director:  
(if applicable)

Reference Number:

Name:

Address:

Phone Number:

Email:

**Signature:**

Date:

## Council Use Only

Day:

Date:

Time:

Council signature:

Sextons signature:

Trim:

Non resident fees \$

Plot/P \$

Interment \$

Muslim boards \$

Other fees \$

Total \$

Inv #

Receipt #

Entered:

