

RANGITĪKEI DISTRICT COUNCIL

Application For Burial

0800 422 522 (24 hrs)
 E info@rangitikei.govt.nz
 46 High Street, Marton
 Private Bag 1102, Marton 4741

Please email this for to info@rangitikei.co.nz when complete.

CEMETERY

- | | | | |
|---|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Mt View - Marton | <input type="checkbox"/> Clifton - Bulls | <input type="checkbox"/> Turakina | <input type="checkbox"/> Hunterville |
| <input type="checkbox"/> Taihape | <input type="checkbox"/> Mangaweka | <input type="checkbox"/> Rātana | <input type="checkbox"/> Ohingaiti |

DECEASED DETAILS

Full Name:

Last Known Residential Address:

Occupation:

Date of Death:

Date of Birth:

Age:

Gender:

Family / Whānau contact (for burial records)

FUNERAL/INTERMENT DETAILS

Day of Funeral:

Date:

Time:

Hour of Burial:

Funeral Director:

Contact Phone:

Email:

Officiating Minister:

Contact Phone:

Email:

Plot Number:

Section:

Block:

Row:

Plot Type:

Casket

Casket - Family Backfill

Casket - Standard Depth

Casket - Extra Depth

Ashes - Standard Depth

Ashes - Family Excavation

Ashes - Family Backfill

Casket/Urn
Measurements:

Casket Handle Type:

Special Requirements (if any)

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PERSON / WHĀNAU ARRANGING FUNERAL			
Primary Family Contact Name:			
Address:			
Email:			
Contact Phone:			
Date:			
PERSON OR SOLICITOR RESPONSIBLE FOR PAYMENT OF FEES			
All fees are payable in accordance with the current Council's Fees & Charges schedule.			
Person responsible for fee (payer):			
Relationship:			
Contact Phone:			
Email:			
Postal address for invoice:			
Payment method (tick):	<input type="checkbox"/> EFTPOS/cash at office	<input type="checkbox"/> Online banking	<input type="checkbox"/> Invoice (Council approval required)
If invoicing, purchase order/reference (if any):			

DECLARATIONS			
By signing, the Applicant and Payer (if different) confirm the following:			
<ul style="list-style-type: none"> The information provided is true and correct to the best of their knowledge. They have authority from the family/whānau, next of kin, executor or legal decision-maker(s) to arrange the burial/interment. The Payer accepts responsibility for all fees and charges associated with this burial/interment. 			
Applicant signature:		Date:	
Print name:			
Payer signature (if different):		Date:	
Print name:			

PRIVACY STATEMENT
Personal information is collected for the purpose of administering burials and maintaining cemetery records. Information may be used by Council staff and authorised contractors and may be included in public cemetery registers where required. You may request access to, and correction of, your personal information.

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ANDREW MORRIS CONTRACTORS USE

CONTRACTOR TO COMPLETE	
Contractor Notified by	
Confirmation of above:	
Signature:	

RDC OFFICE USE ONLY

STAFF TO COMPLETE			
Warrant #	Invoice #	Plot ID#	
Registers/Record:	Plan:	Signature:	
Are there existing ashes within the plot? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Ashes	

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