

Cemetery Interment Request



Details of Deceased:

Surname: _____

Christian Names: _____

Date of Death: _____ Age: _____

Occupation: _____ Religion: _____

Last known Address: _____

Next of Kin: _____ Relationship: _____

Address of next of kin: _____

Interment Details:

Cemetery: _____ Cemetery Division: _____

Date and time of interment: _____ Is this a graveside service? Yes No

Type of Interment:

Burial Ashes

Burial:

Casket size: Standard Special Dimensions (if special) _____

Double depth Single depth

First interment Second interment Location (if known) _____

Next available plot Pre-purchased Location (if known) _____

Cremation - Ashes:

Type of Urn: Plastic Wood Other, Details _____

First interment Subsequent interment Dimensions (if other) _____

Next available plot Reserved plot Location (if known) _____

Additional Requests:

RSA - Flag Straps and bearers Family to fill in Other

Details: _____

Details of Person Requesting Interment:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Payment:

I will pay by:

Cheque / Cash / EFTPOS

Internet banking

Bank account: 02-0600-0202861-00

Use reference: IW and surname of deceased

Please note you may need to contact us (Ph: 03 520 7400) to determine the appropriate fee.

I certify the above information is true and correct.

Signature: _____ Date: _____

Once you have completed this form, please save it to your computer for your records, then email a copy of the saved document to cemeteries@marlborough.govt.nz or post to Marlborough District Council, PO Box 443, Blenheim 7240.

Record No. 23217326