

Application for Disinterment



Person to be disinterred:

Full Name: _____

Date of Death: _____

Original interment details:

Interment Warrant Number: _____

Cemetery: _____ Plot Location: _____

Disinterment details:

Type of Disinterment: Burial Ashes

Date of Disinterment: _____ Time of Disinterment: _____

Ministry of Health Licence No (if for body disinterment) _____ Copy Attached

Is re-interment to be within a MDC cemetery:

Yes Cemetery and Location: _____

No

Person applying for disinterment:

Funeral Director Private

Full Name: _____

Address: _____

Phone: _____ Mobile: _____ Email: _____

Relationship to Deceased: _____

Reason for disinterment:

Declaration:

Applicant:

I hereby certify that I have been delegated the responsibility of arranging the disinterment on behalf of the deceased's family. I accept responsibility to pay all fees and charges related to this disinterment.

Applicant Signature: _____ Date: _____

Record No. 2321936