



P O Box 17, Paeroa  
Phone: 07 862 8609 or  
0800 734 834 (within district)  
Fax: 07 862 8607

## Application for Placement of Ashes Ngatea Ashes Wall

### Details of Deceased:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_

Where Born: \_\_\_\_\_ Where Died: \_\_\_\_\_

Residential Address at time of Death: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Male  Female

Were they a resident/ratepayer of the Hauraki Plains for at least 6 months prior to death? Yes  No

### Death Certificate Details: (If known)

Certificate No: \_\_\_\_\_ Certificate Date: \_\_\_\_\_

Certificate issued by: \_\_\_\_\_

### Next of Kin: (If different to applicant)

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Applicant Details:

Company Name: (If relevant) \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

As the applicant, I accept responsibility for the accuracy of the information provided and accept liability for payment of all fees charged by Hauraki District Council relating to this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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## Ashes Placement Details:

Size of ashes container: Standard  260mm (length) x 140mm (breadth/width) x 120mm (depth/height)

Or please state specifications  \_\_\_\_\_ mm X \_\_\_\_\_ mm X \_\_\_\_\_ mm  
(length) (breadth/width) (depth/height)

### Choose one option:

1. New ashes vault required  Vault No: \_\_\_\_\_  
Certificate to be in the name of: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Ashes container to go in reserved vault  Vault No: \_\_\_\_\_  
Reserved in the name of: \_\_\_\_\_  
Relationship of deceased to Vault Owner: \_\_\_\_\_

3. Re-Open vault for 2<sup>nd</sup> ashes container  Vault No: \_\_\_\_\_  
To be buried with: \_\_\_\_\_  
Relationship of deceased to Vault Owner: \_\_\_\_\_

Do you wish to be present at time of Ashes Placement? Yes  No

The date of Ashes Placements will be advised by Hauraki District Council.

**\*\*\*Please complete the 'Ngatea Ashes Wall –Wording for Granite Plaque' form to accompany this application.**

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### FOR OFFICE USE

Fee Charged: \$ \_\_\_\_\_

Warrant No: \_\_\_\_\_ Date: \_\_\_\_\_ Vault Certificate No: \_\_\_\_\_ Date: \_\_\_\_\_

Invoice No: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature/s: \_\_\_\_\_ / \_\_\_\_\_

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