

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 2nd ashes container Vault No: _____
Ashes to be placed with: _____
Relationship of deceased to Vault Owner: _____

Date of Ashes Placement: _____ the _____ day of _____
(day) (date) (month/year)

Time placement required: _____ am/pm

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

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

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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