

Application for Burial during Covid-19

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

Maiden Name: _____ Iwi: _____

RSA: Services No. _____ Statement of Service Required: Yes No

Eligibility confirmed for an RSA plot Yes No

Were they a resident/ratepayer of the district for at least 12 months prior to death? Or resided in the district for a continuous period of at least 10 years prior to death? Yes No

Death Certificate No: (if known) _____ Certificate Date: _____

Certificate issued by: _____

Next of Kin:

Surname: _____ Given Names: _____

Address: _____ Postcode: _____

Relationship to Deceased: _____

Contact Phone No: _____ E-mail: _____

Funeral Director:

Company Name: _____

Surname: _____ Given Names: _____

Address: _____ Postcode: _____

Contact Phone No: _____ E-mail: _____

As the Funeral Director:

- I will ensure physical distancing and infection prevention and control requirements are met.
- I will record all attendees contact details in line with contact tracing guidelines.

Application for Burial during Covid -19	M 2762265
Responsibility: Parks and Reserves Manager	Date Issued: May 2020 Page 1 of 2

- 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: _____

Choose one option:

1. New Plot <input type="checkbox"/>	Plot: _____ Block: _____ Section: _____ Certificate to be in the name of: _____ Address: _____
2. Reserved Plot <input type="checkbox"/>	Plot: _____ Block: _____ Section: _____ Reserved in the name of: _____ Relationship of deceased to Plot Owner: _____
3. Plot Reopen <input type="checkbox"/>	Plot: _____ Block: _____ Section: _____ To be buried with: _____ Relationship of deceased to Plot Owner: _____

Casket Burial at: Waihi Pukerimu(Paeroa) Miranda Cemetery

Size of Casket: _____ mm X _____ mm X _____ mm
(length) (breadth/width) (depth/height)

Date and time of burial: _____, the _____ day of _____ 2020 at _____ am/pm
(day) (date) (month) (time)

Do you require Council to set up casket lowering Straps and Bearers? Yes No

No infill participation is allowed at this time.

***Grave adornments e.g. Dream catchers, rocks, mats, plants etc, on or around graves is permitted for up to 30 days after burial. Council reserves the right to remove any such adornments after that period.

A permit application must be completed before any headstone, plaque or memorial is installed.

FOR OFFICE USE

Plot Purchase: \$ _____	Warrant No: _____	Date: _____
Burial Fee: \$ _____	Invoice No: _____	Date: _____
Other: \$ _____	Receipt No: _____	Date: _____
TOTAL: \$ _____	Plot Certificate No: _____	Date: _____

Staff Signature/s: _____ / _____

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	Page 2 of 2