

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
 Maiden Name: _____
 Iwi: _____
 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 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: _____

Application for Placement of Ashes-Ngatea Ashes Wall		MQ 2118237
Responsibility: Parks and Reserves Manager	Date Issued: July 2019	Page 1 of 4

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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Standard Plaque layout for a single inscription – Option 1

In Loving Memory Of

JOHN JAMES

SMITH

Born 00 – 00 – 0000

-

Died 00 – 00 – 0000

Loved son of

(names)

Sadly missed

Standard Plaque layout for first of a double inscription – Option 2

In Loving Memory Of

JOHN JAMES

SMITH

Born 00 – 00 – 0000

Died 00 – 00 – 0000

Loved Father

of (Childrens names)

Sadly missed

Standard Plaque layout for second of a double inscription – Option 3

In Loving Memory Of

JOHN JAMES

MARY ANN

SMITH

Born 00 – 00 – 0000

Died 00 – 00 – 0000

Born 00 – 00 – 0000

Died 00 – 00 – 0000

Loved Father and Mother

of (Childrens names)

Sadly missed



Ngatea Ashes Wall Wording for Granite Plaque

P O Box 17 Paeroa
Phone: 07 862 8609 or
0800 734 834 (within district)
Email: CemeteryAdmins@hauraki-dc.govt.nz

Please tick option required for plaque layout: Option 1 Option 2 Option 3
Enter the wording for the inscription in the box below. Please print wording clearly. Final plaque layout is subject to Council approval.

*Please submit this page with the Application for Placement of Ashes. M2118237

Applicant Name: _____

Vault No: _____