



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

Application for Burial

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: (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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Burial Details: Casket Ashes

Burial at: Waihi Pukerimu(Paeroa) Miranda Cemetery

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

Choose one option:

1. New Plot Plot: _____ Block: _____ Section: _____

Certificate to be in the name of: _____

Address: _____

2. Reserved Plot Plot: _____ Block: _____ Section: _____

Reserved in the name of: _____

Relationship of deceased to Plot Owner: _____

3. Plot Reopen Plot: _____ Block: _____ Section: _____

To be buried with: _____

Relationship of deceased to Plot Owner: _____

Date of burial: _____, the _____ day of _____
(day) (date) (month/year)

Service commences: _____ am/pm At: _____

Arrival time at Cemetery: _____ am/pm

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

Do you require shovels to assist with infill? Yes No

Council does **not** allow family/friends to assist with grave excavation but does allow participation with infill.

*****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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