

Interment Form



CODC – Alexandra	CODC – Cromwell	CODC - Ranfurly
Fax: 03 448 9196	Fax: 03 445 1649	Fax: 03 444 9166
A/H Service: 03 440 0056	A/H Service: 03 445 0211	A/H Service: 03 444 9857
A/H Phone: 027 328 1100	A/H Phone: 027 328 1100	A/H Phone: 027 328 1100

If you wish to email this form to us please scan to PDF send to cemeteries@codc.govt.nz

Interment Warrant

Cemetery: _____ Plot: _____ Block: _____

New Plot Double Depth Single Reserved Ashes Memorial Plaque

Reopening _____ Cemetery Record #: _____
(Details) (C/R)

Person to be Interred: _____
Surname First name/s

Date of Death: _____ Age: _____ Occupation: _____

Next of Kin: _____ Late Residence: _____

Where Deceased Came From: _____

Native of: _____ Relation to Plot Owner: _____

Time of Funeral: _____ Date of Funeral: _____
(Day) (Date)

Expected Time of Interment at the Cemetery _____

Certified by: _____ Date: _____
(Funeral Director or Person Organising Interment)

Note: If the interment is not organised by a funeral director the following supporting documentation must be supplied: HP4720 (medical certificate of cause of death) or HP4721 (medical certificate of cause of foetal and neonatal death) or COR3 (coroners authorisation for release of body). Ash interments are exempt from these requirements.

Address for Invoice _____

Special Instructions: _____

Plot Reservation Details (note memorial plaque spaces cannot be reserved)

<input type="checkbox"/> N/A	Double Depth	Side by Side	Ash Plot/s
Reserved Plot/s # <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	# <input type="text"/>
Owners Name/Address:	Plot #	Block #	C/R #

Warrant – Sexton to Bury in Cemetery

The Sexton in charge of the Cemetery is authorised to bury as above, the Body of the late:

The Body was buried by me on the: _____ at: _____ 20 _____
(Date) (Time) (Year)

Signed: _____
(Sexton) (CODC Authorised Officer)

Additional Plot Information _____