

Interment Form



CODC A/H Service: 03 440 0056	Email: send completed forms to cemeteries@codc.govt.nz
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Interment Warrant

Cemetery: _____ Plot: _____ Section: _____ Block: _____

New Plot
 Double Depth
 Single
 Reserved
 Ashes
 Memorial Plaque

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

Person to be Interred: _____
Surname First Names

Date of Death: _____ Age: _____ Occupation: _____

Next of Kin: _____ Late Residence: _____

Where Deceased Came From: _____
Place of Birth Casket Size: _____

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/Family member 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

<input type="checkbox"/> N/A	Double Depth	Side by Side	<input type="checkbox"/> Ash Plot/s
Reserved Plot/s <input style="width: 40px;" type="text" value="#"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 40px;" type="text" value="#"/>
Owners Name/Address:	Plot #	Block #	C/R #

Warrant – Caretaker to Bury in Cemetery

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

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

Signed: _____
(Caretaker) (CODC Authorised Officer)

Additional Plot Information _____