

Application For Burial

NB: Please complete all required information and sign.
If you cannot provide information please write N/A (not applicable).

29 Bowler Avenue, Gore 9710
PO Box 8, Gore 9740
Phone 03 209 0330
Email info@goredc.govt.nz
www.goredc.govt.nz

Cemetery: _____

Name of deceased person to be interred *(Please print name in full clearly)*

Last Residence: _____

Date of Birth: _____ Date of Death: _____ Age: _____

Place of Birth: _____ Place of Death: _____

Casket/Urn Size: _____ Religion: _____

Grave: New Reopen Double Depth Single Depth Reserved Plot

Plot No: _____ Block: _____

Date and Time of Funeral: _____

Date and Time of Interment: _____

Name of Funeral Director: _____

Next of Kin: _____

Address: _____

Applicant's relationship to deceased: _____

Authority to inter in existing plot (to be completed if deceased is not burial rights owner)

I _____ of _____
(name) (address)

Being the burial rights owner or agent authorised to act on behalf of the burial rights owner, do hereby authorise the Gore District Council to arrange the burial of the above named deceased. I/we, the undersigned DO HEREBY INDEMNIFY the Gore District Council against all actions, proceedings claims, demands, damages, costs, losses and expenses whatsoever by reason of the Gore District Council having consented to the opening of such grave and the interment therein.

Note: The Burial Rights Owner's consent is required before burying a person in an allotted plot. The person filling in this form should carefully consider the name that should be recorded as the Burial Rights Owner eg the deceased's name, the deceased's estate, the person filling out this form. Where the executor of the deceased's Estate has ordered the purchase of the burial plot you may wish to discuss this with them. Verifiable proof of the Burial Rights Owner may be sought. By signing this document you confirm that you have authority from the Burial Rights Owner or Next of Kin.

Signature: _____ **Date:** _____

I acknowledge that the plot is purchased for the exclusive burial of the deceased unless I have stipulated otherwise in this application.

I agree / disagree for other family members to be interred in this grave at some time in the future, namely:

(e.g. Spouse, partner, child, grandchild)

Plot Purchased By: _____

Address: _____

Signed: _____

I hereby certify that from enquiries I have made, the deceased was a resident or ratepayer of the Gore District Council for the period of not less than three (3) months immediately preceding death.

Applicant's Signature: _____

AND I AGREE to pay the Gore District Council by the 20th of the month following the interment, all fees and charges payable in respect of the interment as the Gore District Council directed.

The applicant acknowledges and accepts personal liability for the full payment of all fees herein described.

The applicant also acknowledges NO MONUMENT WORK will be authorised until the Gore District Council has received full payment of all fees herein described.

Please Note: There are no burials on Statutory Holidays and Sunday.

Signature: _____

Date: _____

	Qty	Net Amount
Purchase of Plot		
Burial		\$
Cremation		\$
Serviceman's Section		NIL
Interment Fees		
Burial		\$
Ashes		\$
Additional Fees		
Service Fee		\$
Out of District Fee		\$
Saturday Morning Fee		\$
Saturday Afternoon		\$
Exhumation Fee		\$
Call-out Fee		\$
Break Concrete		\$
Miscellaneous Fees		\$
Sub Total		\$
Total Fess to be Paid		\$

Account to be sent to the following address:

Name: _____

Address: _____