

# Interment Form

To be filed with the Grey District Council prior to interment

Version: June 2015

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Burial No: \_\_\_\_\_

To open Plot No. \_\_\_\_\_ in the \_\_\_\_\_ portion of the  
\_\_\_\_\_ Cemetery for the interment of the late:

## DETAILS OF THE PERSON TO BE INTERRED:

Name \_\_\_\_\_

Occupation: \_\_\_\_\_

Last place of residence: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male / Female

Date of birth: ...../...../..... Place of birth: \_\_\_\_\_

Date of death: ...../...../..... Place of death: \_\_\_\_\_

Cause of death: \_\_\_\_\_

If married, state to whom: \_\_\_\_\_

How long was deceased in New Zealand: \_\_\_\_\_

**If the deceased is not the owner of the cemetery plot then I certify that the family of the deceased have given their permission for this relative to be interred in this plot.**

...../...../.....  
Date \_\_\_\_\_ Name & signature of Funeral Director / Authorised Family Member / Agent \_\_\_\_\_

## FUNERAL DETAILS:

Sexton: \_\_\_\_\_

Service held at: \_\_\_\_\_

Size of casket: \_\_\_\_\_

Is lowering device to be used: Yes / No \_\_\_\_\_

Date of funeral: \_\_\_\_\_

Time of funeral: \_\_\_\_\_

Approximate time of arrival at cemetery: \_\_\_\_\_

Account to: \_\_\_\_\_

FOR OFFICE USE ONLY	
Cemetery Fees	
Purchase of plot	_____
Mtce in perpetuity	_____
Opening fee	_____
Lowering device	_____
	\$ _____