

Interment Instruction & Warrant

Email: cemeteries@mdc.govt.nz

Funeral Director:		Contact Person:	
Fax No:		Phone No:	
Email:			

Name of Cemetery:			
Date/Time of Interment:	Day:	Date:	Arrival Time:
Plot:	Sub No:	Row No:	Plot No:
Depth: <i>Please select one of the following:</i>	Single	Double	Ashes
Size of Casket / Urn: <i>Please select one of the following:</i>	Normal	Lowering Device Available on request - Feilding Cemetery Only	Yes
	Measurement : Width: Length:		No
Name of Deceased:	Surname:		
	Christian Names:		
Address:			
Occupation:			
Denomination:			
Date of Death:			
Date of Birth/Age:			
Next of Kin:	Name:		
	Address:		
Name of Previous Interment:	<i>If this is a subsequent interment, please provide details of previous interment</i>		
	Surname:		
	Christian Name:		
Other Particulars:			

Person responsible for payment of fees:	
Name:	
Address:	
Signature:	
Date:	

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MAP OF PLOTS

Row:

Row:

Checked by:

Date:

Final Check by:

Date:

OFFICE USE ONLY

Cemetery Booking Number:

Plot Fee: \$

Interment ID:

Niche Wall: \$

Map Plot ID:

Permit Fee: \$

Reserved Plot Register Updated:

Interment Fee: \$

Interment details entered in database:

Extra Depth Fee: \$

Map Updated:

Out of District: \$

Warrant #:

Saturday Fee/ Afterhours \$

Lowering Device \$

TOTAL: \$

Invoice No: