

## Disinterment Instructions

Email: [cemeteries@mdc.govt.nz](mailto:cemeteries@mdc.govt.nz)

<b>Funeral Director:</b>		<b>Contact Person:</b>	
<b>Email:</b>		<b>Phone No:</b>	

<b>DHB permission: (letter attached)</b>	YES/NO	<b>Public Health Office Required:</b>	YES/NO
<b>Name of Cemetery:</b>			
<b>Date/Time of Disinterment:</b>	<b>Day:</b>	<b>Date:</b>	<b>Arrival Time:</b>
<b>Plot: <i>Please select / supply</i></b>	<b>Sub No:</b>	<b>Row No:</b>	<b>Plot No:</b>
<b>Disinterment Type:</b>	Ashes / Burial		
<b>Depth: <i>Please select one of the following:</i></b>	Single	Double	
<b>Size of Casket / Urn:</b>	<b>Size:</b>	<b>Shape:</b>	
	<b>Width:</b>	<b>Length:</b>	
<b>Name of Deceased:</b>	<b>Surname:</b>		
	<b>Christian Names:</b>		
<b>Date of Death:</b>		<b>Date of Interment:</b>	
<b>Date of Birth:</b>		<b>Age:</b>	
<b>Next of Kin:</b>	<b>Name:</b>		
	<b>Address:</b>		
<b>Name of Previous Interment:</b>	<i>If this was a subsequent interment, please provide details of previous interment</i>		
	<b>Surname:</b>		
	<b>Christian Name:</b>		
<b>Other Particulars:</b>			

<b>Person responsible for payment of fees:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Signature:</b>	
<b>Date:</b>	

# Disinterment Instructions

Email: [cemeteries@mdc.govt.nz](mailto:cemeteries@mdc.govt.nz)

## MAP OF PLOTS (OFFICE USE ONLY)

Row:

Row:


Checked by:

Date:

Final Check by:

Date:

## OFFICE USE ONLY

Cemetery Booking Number:

Interment Fee: \$

Disinterment ID:

TOTAL: \$

Map Plot ID:

Invoice No:

Disinterment details recorded:

Map Updated:

FD – Confirmation:

Sexton – Confirmation: