

# APPLICATION FOR INTERMENT

Email: [Cemeteries@ccc.govt.nz](mailto:Cemeteries@ccc.govt.nz) Phone: 941 8646 Post: PO Box 73054, Christchurch 8154

<b>Deceased Details:</b>			
Surname:		Maiden Name:	
First names:			
Last Known Address:			
Date of Death:		Place of Death:	Age:
Date of Birth:		Place of Birth:	Sex: Male / Female
Occupation:			Years in NZ:
Religion:		Nationality:	
<b>RSA / Service Personal Information:</b>			
Service No:		Rank:	
Field of Operations:			Years of Service:
<b>Next of Kin Details:</b>			
Surname:		First Names:	
Address:			
Phone:		Mobile:	
Email:			
Relationship:		Signature:	
<b>Special / Further Instructions:</b>			
<b>Interment Information:</b>			
Cemetery:		Block:	Plot:
Day:		Date:	Time:
Casket Size:	Length:		Width:
Height:			
Shaped / Oblong		Handles:	
Depth:	Single:	Double:	Ashes:
Lowering Device:		Tapes + bearers:	
Family attending:		Family to cover casket:	Family to fill in plot:
Family to fill in ashes:		Sexton attending	Please provide shovels:
New Plot Purchase:		Pre-purchased Plot:	RSA Plot:
<b>First Interment Details:</b>			
Surname:		Surname:	
First Names:		First Names:	
Date of interment:		Date of interment:	
<b>Funeral Director Details:</b>			
Funeral Director Attending:			
Company:			
Who to invoice for interment:			
<b>Council use Only:</b>			
Day:		Date:	Time:
Council Signature:		Sextons signature:	
Trim:			
Plot/P \$	Interment \$	Low/D \$	Other fees \$
Total \$	Inv #	Receipt #	Entered: