

Application for Burial Warrant

Timaru Customer Services: P: (03) 687 7200 E: customer@timdc.govt.nz	Geraldine Library and Service Centre: P: (03) 693 9336	Temuka Library/Service and Information Centre: P: (03) 687 7591
Postal Address: Timaru District Council, PO Box 522, Timaru 7940		
CEMETERY <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Arundel</div> <div><input type="checkbox"/> Geraldine</div> <div><input type="checkbox"/> Pleasant Point</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Temuka</div> <div><input type="checkbox"/> Timaru</div> <div><input type="checkbox"/> Pareora West</div> </div>		
Surname		
Full Given Name		
Late Residence		
Occupation		
Date of Birth		Date of Interment
Date of Death		Estimated Time of Arrival at Cemetery
Age		Time:
PLOT DETAILS (tick) <input type="checkbox"/> Casket Size: 2300mm Long by 750mm Wide (Note: Current Maximum Measurements) <input type="checkbox"/> Ashes Size: 350mm square		
<input type="checkbox"/> Casket <input type="checkbox"/> Urn (ashes) Maximum Measurements <u>must be</u> provided (including handles)	Width	Length
		Depth
<input type="checkbox"/> Existing Plot in the name of _____ Relationship of Deceased to Plot Owner _____		
Plot Location	Row	Plot
<input type="checkbox"/> New Plot to be purchased in the name of _____ Address: _____ _____ _____ Post Code: _____		
Plot Location	Row	Plot
Services Section (RSA): Have you consulted with the RSA: Yes / No Attach written confirmation of entitlement to be interred.		
BURIAL REQUIREMENTS Lowering Device: Yes / No Straps and Bearers: Yes / No Contractor Yes / No Self Fill: (please circle): Funeral Director / Family Yes Note: Funeral Director/Family to supply their own trowel/shovels		
For and On Behalf Of Applicant / Funeral Director		
Address		
Post Code Telephone		
I ACKNOWLEDGE CORPORATE LIABILITY FOR THE FEES FOR THE ABOVE SERVICE/S. Signed Name		