



Application For A Burial Warrant

Postal Address: Timaru District Council, PO Box 522, Timaru 7940				
Timaru Customer Services: Telephone (03) 687 7200 Facsimile (03) 687 7209		Geraldine Library and Service Centre: Telephone (03) 693 9336 Facsimile (03) 693 9451		Temuka Library/Service and Information Centre: Telephone (03) 687 7591 Facsimile (03) 615 9538
CEMETERY	<input type="checkbox"/> Arundel	<input type="checkbox"/> Geraldine	<input type="checkbox"/> Pleasant Point	
	<input type="checkbox"/> Temuka	<input type="checkbox"/> Timaru	<input type="checkbox"/> Pareora West	
Surname _____				
Full Given Name _____				
Late Residence _____				
Occupation _____			Date of Interment _____	
Date of Birth _____			Estimated Time of Arrival at Cemetery _____	
Date of Death _____			<input type="checkbox"/> Committal only <input type="checkbox"/> Graveside Service	
Age _____			Minister/Celebrant _____	
PLOT DETAILS (circle one)		Grave	2300mm Long by 750mm Wide	
(Note: Current Standard Measurements)		Ashes	350mm square	
<input type="checkbox"/> Existing Plot - Name of Owner of Plot _____				
Relationship of Deceased to Plot Owner _____				
Plot Location	Section	Block	Row	Plot
<input type="checkbox"/> New Plot to be purchased in the name of _____				
Address _____				
Relationship of Deceased to Plot Owner _____				
Plot Location	Section	Block	Row	Plot
<input type="checkbox"/> Additional New Plot to be purchased in the name of _____				
Address: _____				
Plot Location	Section	Block	Row	Plot
<input type="checkbox"/> Casket <input type="checkbox"/> Urn (ashes)		Width	Length	Depth
Maximum Measurements <u>must be</u> provided (including handles)		_____	_____	_____
Services Section (RSA): Have you consulted with the RSA: Yes / No				
Attach written confirmation of entitlement to be interred.				
BURIAL REQUIREMENTS – Special Requests (Cultural, Customs, Other)				
Lowering Device: Yes / No _____				
Self Fill: (please circle): Funeral Director / Family Yes Contractor Yes				
I ACKNOWLEDGE CORPORATE LIABILITY FOR THE FEES FOR THE ABOVE SERVICE/S.				
Signed _____		Name _____		
For and On Behalf Of Applicant Name / Company Name _____				
Address _____				
_____ Post code _____ Telephone _____				