

Interment Form

(To be filed with the Grey District Council prior to interment)

Interred ID : _____

App ID : _____

To open Plot No. _____ in the _____ portion of the
 Karoro (or other) _____ Cemetery for the interment of the late :

Occupation: _____

Last Place of Residence: _____

Age: _____ Sex: M / F Date of Birth:/...../.....

Place of Birth: _____

Date of Death:/...../.....

Place of Death: _____

Cause of Death: _____

If Married, state to Whom: _____

How Long was the Deceased in New Zealand: _____

If the deceased is not the owner of the cemetery plot then I certify that the family of the deceased have given their permission for this relative to be interred in this plot.

Dated/...../.....

Funeral Director / Authorised Family Member / Agent: _____

Sexton: _____

Service Held at: _____

Size of Casket: _____

Date of Funeral:/...../.....

Time of Funeral: _____

Approximate Time of Arrival at Cemetery: _____

Account To: _____

<u>CEMETERY FEES</u>	
Purchase of Plot	_____
Mtce in Perpetuity	_____
Opening Fee	_____
Lowering Device	_____
	\$ _____