



AUTHORITY TO INTER

Name of deceased person to be interred (please print name in full):

.....

Age:Occupation:

Late Residence:

Date of Birth:Place of Birth:

Date of Death: Place of Death:

Certified By:.....Religion:

Cemetery: Block: Plot:

- | | | | |
|--------------------|------------------------------|---|--------------------------------------|
| Pre-purchased plot | <input type="checkbox"/> Yes | <input type="checkbox"/> First Interment | <input type="checkbox"/> Child |
| | <input type="checkbox"/> No | <input type="checkbox"/> Second Interment | <input type="checkbox"/> Adult |
| | | <input type="checkbox"/> Ash Interment | <input type="checkbox"/> Large Adult |

Intended Time and date of interment:

Name of Funeral Director:

Next of Kin:

Address:

I herby certify that from enquiries I have made, the deceased was a resident or ratepayer of the Queenstown Lakes District Council for the period of not less than six (6) months immediately preceding death.

Applicant Signature:

I/we the undersigned being/in the absence of the person registered/to be registered as the grantee of the grave above mentioned **DO HEREBY REQUEST** to the Queenstown Lakes District Council to allow the grave to be opened and the body of to be interred therein. I certify that I am the (state relationship) of the deceased and am duly empowered to authorise the opening of the grave and I/we, the undersigned, **DO HEREBY INDEMNIFY** the Queenstown Lakes District Council against all actions, proceedings, claims, demands, damages, costs, losses and expenses whatsoever by reason of the Queenstown Lakes District Council having consented to the opening of such grave and the interment therein.

AND I AGREE to pay the Queenstown Lakes District Council by the 20th of the month following the interment, all fees and charges payable in respect of the interment as the Queenstown Lakes District Council direct.

The applicant acknowledges and accepts personal liability for the full payment of all fees herein described.

The applicant also acknowledges **NO MONUMENT WORK** will be authorised until the Queenstown Lakes District Council has received full payment of all fees herein described.

Date: _____ day of _____ 20

Full Name of Applicant:

Address:

Signature:

I acknowledge that the plot is purchased for the exclusive burial of the deceased unless I have stipulated otherwise in this application.

Plot Purchased by:

Address:

(Office Use Only)
.....

The Sexton of the Cemetery is hereby authorised to:

Prepare a grave and inter Inter ashes of
the body of the deceased person according to the above particulars.

Fees:

Plot Purchase Fee: Interment was undertaken on:

Interment Fee:

Other: Signed:

Other: (Sexton)

Other:

Other:

Total:

Recorded in Register (Date):

Signed: Signed:
(Cemetery Manager) (Cemetery Administrator)

NB: A minimum of 8 working hour's notification is required by Council for **all** interments.

Interment Confirmation

This Sexton is delegated under QLDC Cemetery Bylaws to inter the body of the deceased as described above.

Signed – Gordon Bailey - Parks Manager

The body of the above deceased was interred by me in the _____ Cemetery

On ___ / ___ /20 _____. In Plot _____ Block _____.

Signed; _____ authorised Sexton.

