

# HURUNUI DISTRICT COUNCIL

P.O. Box 13 | Amberley | 7441 | 66 Carters Road | Amberley | 7410  
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## APPLICATION FOR WARRANT TO INTER

### DETAILS OF DECEASED

Name of Deceased: \_\_\_\_\_

Last Place of Residence: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Name of next of Kin: \_\_\_\_\_

Plot Ownership to go to Next of Kin:  Yes  No

### PLOT DETAILS

Cemetery: \_\_\_\_\_

Type of interment:  Casket  Attended Ashes (Sexton)  Unattended Ashes

New plot Purchase: \_\_\_\_\_

Pre-purchased Plot:  Plot number: \_\_\_\_\_

Plot reserved in the name of: \_\_\_\_\_

### INTERMENT INSTRUCTIONS

Date of Interment: \_\_\_\_\_ Time of Interment \_\_\_\_\_

Depth of Grave  Single depth 4'6"  Double Depth 6'

Casket type:  Shaped  Oblong

Handles:  Standard  Large

Lowering Device:

Dimensions of Casket or Urn : Length (metres) \_\_\_\_\_  
(including handles)

Width (metres) \_\_\_\_\_

Officiating Minister: \_\_\_\_\_

Special Instruction: \_\_\_\_\_

NOTIFICATION TO COUNCIL	
Weekdays	Please email application to following email addresses <a href="mailto:jo.hartnell@hurunui.govt.nz">jo.hartnell@hurunui.govt.nz</a> Phone: 03 314 8816 CC: <a href="mailto:josie.hemmings@hurunui.govt.nz">josie.hemmings@hurunui.govt.nz</a> & <a href="mailto:info@hurunui.govt.nz">info@hurunui.govt.nz</a> Ph: 033148816
Weekends / Public holidays	Weekend and public holiday contacts are as follows Josie Hemmings Phone: 03 314 7478 Mobile: 027 733 2630

FEES AND CHARGES 2022/2023			
Plot Purchase	Cremation \$450.00	Lawn Plot \$650.00	Standard Plot \$550.00
Burial interment	(Adult) Single Depth \$2,500.00	Double Depth \$2,600.00	
	(Child 2-10 years) \$1,850.00.00	(Infant) \$1000.00	
Ashes Interment	Attended \$900.00 (Sexton)	Unattended \$150.00	
	Handling fee (Council inters ashes on behalf of family) \$750.00		
Weekend/Statutory holiday fee (additional charge)	Full burial \$350.00	Attended Ashes \$350.00	
Breaking of Concrete: Actual Cost	Late Notification (Less than 36hrs) \$150.00		
Lowering Device \$150.00			

AUTHORISATION
<p>I, _____, as the person applying for an interment warrant, declares that all the information on this form is correct, and I confirm that ( I / the Funeral Company) will be responsible for paying the interment fees and other related fees set by the Hurunui District Council.</p> <p>Funeral Company _____</p> <p>Funeral Director _____</p> <p>Name _____</p> <p>Address _____</p> <p>Phone number _____</p> <p>Email _____</p> <p>Signature _____ Date _____</p>

Office Use Only
<p>Date received: _____ Notification to Sexton: _____</p> <p>Warrant number: _____</p> <p>Plot fees: \$ _____ Interment fees: \$ _____</p> <p>Council officer: _____</p>