Application for

Burial





| 1. Details of deceased | | | | | | | |
|---|--------------------|---------------|--------|--|--|--|--|
| Family name: | | | | | | | |
| First name(s): | | | | | | | |
| (Legal names as appear on the Death Certificate) | | | | | | | |
| Preferred name: | | | | | | | |
| Last known residential address: | | | | | | | |
| | | | | | | | |
| Occupation: | | | | | | | |
| Date of birth: | Age: | Gender: | | | | | |
| Date of death: | | | | | | | |
| Religion: | | | | | | | |
| Next of kin: | | Relationship: | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Phone (day): | | Mobile: | | | | | |
| Email: | | | | | | | |
| Estate administered by: | | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Please provide a doctor's certificate or a coroner's authorisation for disposal of body | | | | | | | |
| 2. Cemetery and plot requirements | | | | | | | |
| Have you pre-purchased a cemetery plot? | | | Yes No | | | | |
| If yes, | | | | | | | |
| Certificate of Title to Plot number: | | | | | | | |
| Cemetery: | | | | | | | |
| Block number: Plot number: | | | | | | | |
| Type: Casket Ashes | | | | | | | |
| First interment: Yes No | | | | | | | |
| If no, Cemeteries to allocate | | | | | | | |
| 3. Interment instructions | | | | | | | |
| Date of interment: | Time of interment: | | | | | | |
| Casket or urn dimensions (must be provided): | Length: | Width: | | | | | |
| | | | | | | | |

| Special instructions: | | | | | |
|--|--------------------------------|--|--|--|--|
| | | | | | |
| Family request to backfill grave: | Yes No | | | | |
| 4. Authorisation of interment | | | | | |
| I am the person arranging this interment. I declare that the information of Name: Address: | given on this form is correct. | | | | |
| Phone (day): | Mobile: | | | | |
| Email: | | | | | |
| By signing below: I hereby provide authority for the Plot to be opened for the purposes of burying the deceased. I am the appropriate person to provide this authority. I confirm that to the best of my knowledge and belief, none of the close relatives or executors of those persons previously buried in the plot would object to my providing this authority to re-open the plot. | | | | | |
| Signature: | Date: | | | | |
| Please sign the form and submit it to cemeteries@gdc.govt.nz | | | | | |
| 4. Account details | | | | | |
| Account to: Next of kin Administrator Funeral Director Address: | | | | | |
| I accept responsibility to pay all fees and charges related to this interment. | | | | | |
| Signature: | Date: | | | | |

Terms of credit

- · Any outstanding debt will incur interest at 2% per month, charged daily.
- · Legal, administration and collection costs incurred in collecting any overdue debt will be charged onto you.
- · Council may pass accounts outside the terms of payment onto a solicitor or collection agency for collection.
- Payment by cheque, other bills of exchange or promissory notes shall not be deemed to have been received by Council (or its employees, contractors or agents) until honoured.
- If Council is required to undertake action for recovery of outstanding debts or dishonoured payments you will be charged the reasonable costs and disbursements incurred by Council (including on a solicitor client basis) or any such enforcement.
- · GDC, on application, can provide a repayment plan if necessary to pre-approved consumers.

Limit of liability

I agree I am indebted to Gisborne District Council for the costs of a burial plot and fees and that I will pay this sum in accordance with the following terms:

- I will pay the Sum in equal monthly instalments over a period of 6 months the first instalment to be paid within 28 days of the date of this agreement and thereafter within 28 days of the last payment continuing until the Sum is paid in full.
- Payment by cheque, other bills of exchange or promissory notes shall not be deemed to have been received by Council (or its
 employees, contractors or agents) until honoured.
- If Council is required to undertake action for recovery of outstanding debts or dishonoured payments you will be charged the reasonable costs and disbursements incurred by Council (including on a solicitor client basis) or any such enforcement.

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Indemnity

The authorised party above agrees to defend, indemnify, and hold harmless, Gisborne District Council, its contributors and their respective directors, officers, employees, and agents from and against all claims and expenses, including legal fees, arising out of the provision and use of the information by the authorised party or on the authorised party's account.

If the authorised party finds any errors or omissions, we encourage the user to report them to Gisborne District Council as a matter of urgency.

Privacy statement

The information provided on this form will be used to ensure burials occur in the correct plots and that accurate records are maintained for the future. Staff have direct access to this information. In appropriate circumstances, this information may be shared with those seeking detail/locations of deceased relatives and their descendants. The information requested is required under the Burial and Cremation Act 1964 and associated Council bylaws. Under the Privacy Act 2020, you have the right of access to personal information about you held by the Gisborne District Council and you are entitled to request information about you to be corrected.

Office use only

I can confirm the deceased person, or ashes of the deceased person named above, was buried by me on:

| Date: | | Sexton's Signature: | |
|-------------------|---------------|---------------------|--------------|
| Stillborn Un | nder 12 years | Over 12 years | |
| Plot purchased | Reopen plot | Ash placement | Disinterment |
| Interment: | | | |
| Monday-Friday | \$ | Cemetery: | Block no: |
| Saturday | \$ | Burial warrant no: | Plot no: |
| Sunday | \$ | Plot title no: | Date: |
| Statutory holiday | \$ | Invoice: | |
| Out of district | \$ | | |
| Extra deep | \$ | | |
| Lowering device | \$ | | |
| Plot | \$ | | |
| Total | \$ | | |

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