

# Application for Disinterment

In accordance with Gisborne District Council's Cemeteries and Crematoria Bylaw.



## Details of deceased

Family name:

First name(s):

(Legal names as appear on the Death Certificate)

Preferred name:

Last known residential address:

Date of birth:

Age:

Gender:

M

F

Date of death:

Original warrant number:

Next of kin:

Relationship:

Address:

Phone:

Day

Mobile:

Estate administered by:

Address:

## Cemetery and plot requirements

### Disinterment Plot Information:

Certificate of Title to Plot number:

Cemetery:

Block number:

Plot number:

Type:

Casket

Ashes

### Re-interment Plot Information:

Re-interment within a GDC cemetery?

Yes

No

**If yes,**

New warrant number:

**If no,**

Location:

Comments:



This disclaimer of liability applies to any damages or injury, whether based on alleged breach of contract, tortious behavior, negligence or any other cause of action, including but not limited to damages or injuries caused by any failure of performance, error, omission, interruption, deletion, defect, delay in operation or transmission, computer virus, communication line failure, and/or theft, destruction or unauthorized access to, alteration of, or use of any record.

## 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 or for failure to obtain a disinterment warrant and/or compliance with any applicable statutory and/or regulatory requirements and conditions as applicable.

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.

When a disinterment takes place, GDC By-Laws prevents further interments in the plot where the disinterment has taken place.

I have fully read and understood the contents.

Signature:

Date:

**Cemeteries Office**

Email : cemeteries@gdc.govt.nz

Telephone (06) 868 5368

## OFFICE USE ONLY

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

Date:

Sexton's Signature:

Stillborn	Under 12 years	Over 12 years		
Plot purchased	Reopen plot	Ash placement	Disinterment	

### Disinterment:

Burial	\$	Cemetery:	Block no:
Ash burial	\$	Disinterment warrant no:	Plot no:
			Date: