

Kāpiti Coast District Council Cemetery interment booking form

Funeral director
or organiser:

Add

Organiser's contact number:

Add

Organiser's email:

Add

Order number:

Add

Cemetery to be interred at:

Add

Type:

- Burial
 Ashes
 Natural Burial

(If Natural Burial, please complete Conditions for Natural Burial Form)

Is this a subsequent
interment:

- Yes**
(Please provide Plot number and name of first person interred in plot)

Plot No: *Add*

Name: *Add*

- No**
(Please state the depth)

Depth:

- Single
 Double

(Burial plots will normally be double depth, allowing space for one additional interment unless the Sexton deems a single depth for health and safety reasons)

Is this a pre-purchased plot:

- Yes**
 No

Section:

- | | |
|---|---|
| <input type="checkbox"/> Monumental | <input type="checkbox"/> Lawn Plaque |
| <input type="checkbox"/> RSA Burial | <input type="checkbox"/> RSA Ashes |
| <input type="checkbox"/> Cremation Beam | <input type="checkbox"/> Cremation Garden |
| <input type="checkbox"/> Ashes Wall | <input type="checkbox"/> Natural Burial |

Casket size:

(Burial plots will normally be double depth, allowing space for one additional interment unless the Sexton deems a single depth for health and safety reasons)

Length: *Add*
Width: *Add*
Height: *Add*

Urn size:

Length: *Add*
Width: *Add*
Height: *Add*

Name of deceased:

Surname: *Add*
Given Names: *Add*

Gender:

- Male
 Female
 Other

Date of birth:

Add

Date of death:

Add

Age:

Add

Requested date of burial:

Add

Estimated time of arrival:

Add

Place of birth:

Add

Nationality:

Add

Address of deceased:

Add

Deceased is out of district:

Yes

("Out of District" fees may apply in cases whereby the deceased person does not reside in Kāpiti for at least 6 months immediately prior to date of death or is not a ratepayer of the district, and in the case of a stillborn child unless one of whose parents, was a resident or a ratepayer of the district for 6 months prior to the birth of such child. Residence by a person in a hospital or institution in the district shall not be deemed resident in the District.)

Occupation:

Add

Denomination:

Add

Additional information:

- Lowering device
- Grass mat
- Ropes and bearers
- Shovel (for back filling)

Any other requirements/instructions:

Add

Office use only

Invoice No: *Add*

Total cost: *Add*

Warrant No: *Add*

Service request No: *Add*

Cemetery: *Add*

Row: *Add*

Plot: *Add*

Burial date: *Add*

Burial date: *Add*

Dispensation comments: *Add*

Special instructions: *Add*

Cemeteries Administrator Checklist

- Investigation Required
- SR Submitted
- Investigation Report Received
- Calendar Booking Added

Cemeteries Administrator:

Signature

Date:

Add

Operations Depot Checklist

- Investigation Reported
- Assigned SR to Serviceperson
- Site prepared by Serviceperson
- Booking Confirmed
- Digger Booked

Operations Administrator:

Signature

Date:

Add