



Interment Form

To be filed with the Westland District Council prior to Interment

Warrant No (Office):

Plot No:	Block:	in the	Cemetery for interment of the late:
DETAILS OF THE PERSON TO BE INTERRED:			
Name:			
Occupation:			
Last Place of Residence:			
Age:	Sex:	Religion:	
Date of Birth:		Place of Birth:	
Date of Death:		Place of Death:	
If Married, State to Whom:		Certified by:	
How long was deceased in New Zealand:			
If the deceased is not the owner of the cemetery plot then I certify that the family of the deceased have given their permission for this relative to be interred in this plot.			
Date:	Name of Funeral Director/Authorised Family Member/Agent:		
	Signature:		

FUNERAL DETAILS:	
Sexton:	Grave / Ashes:
Service Held At:	Size of Casket:
Lowering Device required:	Date of Funeral:
Notes:	Time of Funeral:
	Arrival at Cemetery:

Please email completed interment form to – cemeteries@westlanddc.govt.nz

FOR OFFICE USE	
Account to be sent to:	
Fees:	
Purchase of Plot:	Mtce In Perpetuity:
Opening Fee:	Lowering Device:
	TOTAL: