



Full Name of Decease	ea: 					
	First Nar	ne		Surname		
Age:	Date of Death	f Death Rank or Occupation:				
Residence						
Religion:			Officiating Minister:			
Cemetery:						
Date and Time of Bur	rial:Time	Day	Month	Year		
Size of Casket:		or Ashes only:				
Plot Requested for In	terment:					
Description of Existing	g Plot:					
Filing Details / Spe	ecial Conditions:					
	ne/plaque for plot (deta		ions):	dimensions conforms to Council Standards)		
the intended burial of		ased hereby u	ndertake to pay to the	erson having the management or control of Masterton District Council the interment		
Signed:			Funeral Director	Date:		
Address:						
		Name		Signature		
Address:		Relationship to Deceased:				

## **Warrant for Burial**

Warrant No: Plot Register No:	Headstone Register	No:	
Plot:Plan/Path: Division:			
certify that the body of the late			
was interred in plot number on this	day of		
·	,	Month	Year
	Sexton:		
☐ Burial Register updated			
☐ Funeral Director notified of plot			
☐ Gis updated			
☐ Accounts			