

Application to disinter remains

1 Details of person applying to disinter remains

Surname _____

Forenames _____

Postal address _____

Phone _____

Relationship to **2** below _____

2 Details of the remains interred in the plot

Plot no	Surname	Forenames	Date of death

3 Declaration

I _____ hereby confirm that I have discussed the disinterment
Name of the person completing the form
of remains from _____ with other family members and that to the best of my knowledge
No of the plot to be opened
and belief no family members oppose the disinterment of the remains of

Name(s) of the deceased person(s) whose remains are to be disinterred

Signed (*Signature of the person completing the form*)

Date (*Today's date*)

Name of funeral director (*if applicable*) _____

Signature of funeral director _____ Date _____

Fee	GST inclusive	Ashes	\$116.00
		Body	\$1846.00

Office use

Receipt no _____ Email sent to cemetery manager

Receipt date _____ Form sent to cemetery office

Customer service representative name _____ CSR initials _____