

# HURUNUI DISTRICT COUNCIL

P.O. Box 13 | Amberley | 7441 | 66 Carters Road | Amberley | 7410  
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Web hurunui.govt.nz | facebook.com/HurunuiDistrictCouncil  
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## APPLICATION FOR WARRANT TO INTER

### DETAILS OF DECEASED

Name of Deceased: \_\_\_\_\_

Last Place of Residence: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age at Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Name of next of Kin: \_\_\_\_\_

Plot Ownership to go to Next of Kin:  Yes  No

### PLOT DETAILS

Cemetery: \_\_\_\_\_

Type of interment:  Casket  Attended Ashes

New plot Purchase:

Pre-purchased Plot:  Plot number: \_\_\_\_\_

Plot reserved in the name of: \_\_\_\_\_

### INTERMENT INSTRUCTIONS

Date of Interment: \_\_\_\_\_ Time of Interment \_\_\_\_\_

Depth of Grave  Single depth 4'6"  Double Depth 6'

Casket type:  Shaped  Oblong

Handles:  Standard  Large

Lowering Device:

Dimensions of Casket or Urn : Length (metres) \_\_\_\_\_  
(including handles)

Width (metres) \_\_\_\_\_

Officiating Minister: \_\_\_\_\_

Special Instruction: \_\_\_\_\_

**NOTIFICATION TO COUNCIL**

Weekdays

Please email application to following email addresses [jo.hartnell@hurunui.govt.nz](mailto:jo.hartnell@hurunui.govt.nz)  
 Phone: 03 314 8816  
 CC: [josie.hemmings@hurunui.govt.nz](mailto:josie.hemmings@hurunui.govt.nz) & [info@hurunui.govt.nz](mailto:info@hurunui.govt.nz)  
 Ph: 033148816

Weekends / Public holidays

Weekend and public holiday contacts are as follows.  
 Josie Hemmings Phone: 03 314 7478 Mobile: 027 733 2630

**FEES AND CHARGES 2024/2025**

Plot Purchase	Cremation \$450.00	Lawn Plot \$650.00	Standard Plot \$550.00
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Burial interment	(Adult) Single Depth \$1,900.00	Double Depth \$2,000.00
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	(Child 2-10 years) \$1,100.00	(Infant) \$700.00
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Ashes Interment	Attended \$700.00 (Sexton)	
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Weekend/Statutory holiday fee Full (additional charge)	burial \$290.00	Attended Ashes \$290.00
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Breaking of Concrete: Actual Cost	Late Notification (Less than 36hrs) \$150.00
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Lowering Device \$140.00	
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**AUTHORISATION**

I, \_\_\_\_\_, as the person applying for an interment warrant, declares that all the information on this form is correct, and I confirm that ( I / the Funeral Company) will be responsible for paying the interment fees and other related fees set by the Hurunui District Council.

Funeral Company \_\_\_\_\_

Funeral Director \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_