

Burial  Cremation  (please tick appropriate box)

Name of deceased person to be interred:

Rank or Occupation:

Residence:

Date of Death:  Aged:

Plot Number & Section:

Date & Time of Funeral:

Name of Officiating Minister:

Where deceased last resided:

Number of years in province:

## ACTUAL CASKET SIZE (METRIC & IMPERIAL)

Special Instructions:

Depth:

Name of person authorizing Interment:

Address:

IN CONSIDERATION of being granted the right to inter I the undersigned being the person having the management or control of the intended burial of the above named deceased HEREBY UNDERTAKE to pay the Carterton District Council the interment fees prescribed by the provisions of the Council's policies.

Funeral Home:

Address:

Phone:  Email:

Signed:  Funeral Director Date: