

# Application to Inter in a Thames-Coromandel District Cemetery



## Details of Deceased

Surname		Given Names	
Age	Date of Death	Date of Birth	
Occupation		Religion	
Where Born		Where Died	
Residential address at time of death			
Gender		Ethnicity	
Did they reside within the Thames-Coromandel District area for at least a 12 month period prior to date of death		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Or did they reside in the Thames-Coromandel District area for a continuous period of at least 10 years in their life time		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Returned Servicemens Regiment Number		RSA Plot Eligibility Confirmed <input type="checkbox"/> YES <input type="checkbox"/> NO	

## Applicant Details (Fee Payer)

Company Name <i>(if applicable)</i>	
Surname	Given Names
Address/ City/Town	
Relationship to Deceased	
Telephone Number <i>(include area code)</i>	E-mail Address
Permission that Next of Kin details may be published <input type="checkbox"/> YES <input type="checkbox"/> NO	

## Next of Kin *(if different to applicant)*

Surname	Given Names
Address/ City/Town	
Relationship to Deceased	
Telephone Number <i>(include area code)</i>	E-mail Address

As the applicant, and as the person signing the form, I accept responsibility for the accuracy of the information provided and accept liability for payment of all fees charged by Thames-Coromandel District Council relating to this application. I also agree that I may be required to pay or reimburse all costs incurred to recover any amount overdue for payment.

I/we authorise any person or company to provide Council with such information as Council may require in response to your credit enquiries. I/we further authorise Council to furnish to any third party details of this application and any subsequent dealings that I/we may have with you as a result of this application being actioned by Council.

No memorial/headstone will be installed until all fees are paid in full and an application to install a memorial is received and approved by Council.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Time

## Burial Details

Casket       Ashes       Natural Burial

### Burial at (please tick ✓)

Totara Memorial Park Cemetery, Thames

Omahu Cemetery

Whangamata Cemetery

Omahu Natural Burial Garden

Mercury Bay Cemetery

Tairua Cemetery

Colville Cemetery

Buffalo Cemetery Coromandel

Size of Casket/Ashes Container  
(including handles)

\_\_\_\_\_ mm x \_\_\_\_\_ mm x \_\_\_\_\_  
(length) (breadth/width) (depth/height)

Oversize  
Casket?

Any other details of the Casket/Ashes Container that differs from standard construction

Company  
Name

Date of  
Burial

Day of  
Burial

Service  
Commences

am / pm

Service  
At

Arrival at  
Cemetery

am / pm

Will the funeral director be onsite for burial

YES

NO

Family to backfill

YES

NO

*\*To refill grave with soil once interment has taken place.*

## Casket Burials

Do you require Council to set up casket lowering Straps and Bearers

YES

NO

Do you require assistance from the sexton

YES

NO

If yes, please specify

## Plot Details (Choose one of the options below)

<input type="checkbox"/> <b>New Plot</b>	Application to purchase a cemetery plot attached <input type="checkbox"/> 		
<input type="checkbox"/> <b>Reserved Plot</b>	Section	Block	Plot
	Plot Certificate Number		
<input type="checkbox"/> <b>Re-open Plot</b>	Section	Block	Plot
	Plot Certificate Number		
	Person(s) previously interred		
	Date of first Interment	Relationship of deceased to those previously interred	
	Is there an existing headstone <input type="checkbox"/> YES <input type="checkbox"/> NO	Concrete reopen required <input type="checkbox"/> YES <input type="checkbox"/> NO	

## Authority to open a reserved plot or reopen an occupied plot

### Details of person applying to have the plot opened/reopened:

Full Name
Address/ City/Town
Relationship to Deceased

Are you the original plot purchaser/s?  YES  NO

Are you the Executor/s of the original plot purchaser's?  YES  NO

Are you the Trustee/s of the original plot purchaser's estate?  YES  NO

### Consent of close relatives

Have the close relatives\* of those preciously interred and the Deceased been informed of the opening/re-opening of the plot for the purpose of interring the Deceased?  YES  NO

To the best of your knowledge and belief has any close relative, executor/s, beneficiaries of the person/s previously interred or the Deceased expressed any objection to the opening or re-opening of the plot for the purpose of interring the Deceased?  YES  NO

*\*Close relatives refers to Parent or step parent, child or step child, grandparent, grandchild, brother or sister including half brother or sister, spouse, civil union partner or de facto partner.*

## Declaration

Authority to open/reopen a plot

By signing below:

1. I give authority for the plot to be opened/reopened for the burial of the Deceased.
2. I am the appropriate person/s to provide this authority by being either the original plot purchaser/s, executor/s of the original plot purchaser/s or as the Trustee/s of the original plot purchaser's Estate.
3. I confirm that to the best of my knowledge and belief, none of the close relatives, executor/s, or Trustee/s of the original plot purchaser/s, those person/s previously buried or the Deceased would object to my authority being given to open/reopen this plot.

_____ Signature	_____ Name	_____ Date (DD/MM/YYYY)
_____ Witness name	_____ Witness occupation	
_____ Witness city/town of residence		

**Privacy Statement:** Our Privacy Statement discloses what information we gather, how we use it and our obligations and your rights as set out in the Privacy Act 2020. This Statement has been prepared in accordance with the Privacy Act 2020 and it does not limit or exclude any of your rights under the Act. Read our Privacy State in full at [www.tcdc.govt.nz/privacystatement](http://www.tcdc.govt.nz/privacystatement).

*N.B Council does not assume a mediator role where any family disputes may arise. Council will act in good faith on the information provided by this application to inter and reserves the right to decline any request to open or re-open a plot if it is considered necessary.*

**1. Download and open this form in your PDF reader (eg Adobe Acrobat). 2. Fill it in and save. 3. Press 'Submit Form'.** Your email application (eg Gmail) will open with the form attached and the email pre-addressed to TCDC. If not, attach the form to an email to [customer.services@tcdc.govt.nz](mailto:customer.services@tcdc.govt.nz). **4. You will receive a reply saying the form has been submitted.**

**Office  
use only**

PLOT PURCHASE \$	RECEIPT NUMBER	
BURIAL FEE \$	PLOT CERTIFICATE VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER \$		
CEMETERY MODULE UPDATED <input type="checkbox"/> YES	CONTRACTOR NOTIFIED <input type="checkbox"/> YES	DATE STAMP
CSR WHO HANDLED INTERMENT	DATE	