



RUAPEHU DISTRICT COUNCIL

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For Council Use

Application for Disinterment Warrant

Person to be Disinterred

Name _____

Last Residence _____

Occupation _____ Religion _____

Date of Death _____ Age at Death _____

Place of Death _____ Place of Birth _____

Single

Married

Widow

Widower

Burial Details – Cemetery

TNM New

TNM Old

Manunui

Matiere

Ohura

Owango

Ohakune

Raetihi

Rangataua

Other

Date of Disinterment _____ Time of Disinterment _____ / Graveside Service

Licence Obtained Yes No Licence Number _____

Coffin

Ashes

Plot Number _____ Row Number _____

Full Name of Person Already Interred _____

Declaration

This is to certify that I _____ (full name), of

_____ (address), being

_____ (relationship to person being disinterred), have been

Delegated the responsibility of arranging the disinterment on behalf of the deceased's family.

Signature _____

Date _____

Office Use Only

Disinterment Request No _____ Receipt No _____