



RUAPEHU DISTRICT COUNCIL

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For Council Use

Application for Disinterment Warrant

Office Use Only

Disinterment Request No _____ Receipt No _____

Person to be Disinterred

Name _____
Last Residence _____
Occupation _____ Religion _____
Age at Death _____ Date of Death _____
Place of Birth _____ Place of Death _____
Single Married Widow/Widower

Burial Details – Cemetery

Taumarunui New Taumarunui Old Manunui Matiere Ohura Other
Owhango Ohakune Raetihi Rangataua Raurimu
Date of Disinterment _____ Time of Disinterment _____ / Graveside Service
Licence Obtained (from District Health Board) 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 (full address) _____
being (relationship to person being disinterred) _____
have been delegated the responsibility of arranging the disinterment on behalf of the deceased's family.
Phone _____ Mobile _____
Email _____
Signature _____ Date _____