

63 Miranda Street PO Box 320 Stratford 4352 Phone. 06 765 6099 stratford.govt.nz

Application for interment at Kopuatama Cemetery

THIS FORM MUST BE PRESENTED TO THE SEXTON <u>AT LEAST</u> 36 HOURS PRIOR TO THE INTERMENT. EMAIL FORM TO CEMETERY@STRATFORD.GOVT.NZ

EMAIL FORM TO CEMETERY@STRATFORD.GOVT.NZ						
Name of Person Interred						
Late Residence						
Date of Death Age Occupation						
Family Contact Person Relationship to Deceased						
Their Address						
PLOT INFORMATION						
New Purchase						
1 Plot	2 Plots		Numbe	r of Plots		
Block	Plot/s: Used		Reserved			
Previously Purchased Yes No						
Date Paid	Block		Plot			
PLOT TYPE						
Ashes		Burial				
RSA		☐ To be interred in previously purchased full burial plot				
Public Area – Plaque		RSA				
Public Area – Headstone	Public Area					
CASKET DETAILS						
Casket Shape Shaped Oblong		Casket Shape Lid incl. <i>Overhangs of handles</i> etc. Contractor to add allowances for all round clearance in grave.				
	ersize	Width head		Length		
Ashes Urn		AV/Calkla of the Late]		
Other (Please specify measurements)		Width shoulder	S	Height		
		Width foot				

Depth of Plot						
Excavate to Std Single Depth	Std Double Depth					
Burial Requirements						
Extra Shovels	Prior site inspection					
Other Requirements						
FUNERAL INFORMATION						
Date of Funeral	Time of Service	Time of Burial				
Funeral Director						
INTERMENT OF ASHES						
Date of Burial	Time of Burial					
PERSON RESPONSIBLE FOR PAYMENT OF FEES						
I,						
(Name in full)						
of						
(Address)		(Phone number)				
(Email address)		J				
hereby agree to accept responsibility for payment of charges to Stratford District Council. I further agree that no headstone will be erected on the grave until the charges have been paid in full.						
FEES 2023/2024	PLOT PURCHASE	INTERMENT				
Burial – Adult (16+ years)	\$ 2,800	\$ 2,100				
Burial – Child (2 – 15 years)	\$ 2,000	\$ 1,500				
Burial – Infant (under 2 years)	\$ 1,200	\$ 1,000				
Burial (stillborn)		\$ 550				
Ashes \$1,200 \$600						
Signature	D	ate ate				
(Signature of person accepting liability)						

OFFICE USE ONLY

Warrant Number