Cemetery Casket Burial Warrant



Deceased Details

Legal first names				
Legal Surname				
Date of death	Age Ge	ender		
Last address				
Applicant's full legal name	Relationship to deceased			
Applicant'saddress				
Applicant's phone & email				
urial Details				
Funeral director (Company name)				
Date of burial	Day			
Burial start time	Reopen / 2 nd	Intermen	t YES NO	
Cemetery (circle) Hamilton Park	ı	Hamilton East		
Lawn	Row		Plot	
sket Measurements	Other Requirements			
Length (mm):				
Height (mm):		6 1 1 1		
	Park Chapel (if applicable)	Start time:		
Width - please indicate below with an X the		Length of service:		
location of widest part of casket - must include	Greenwood Chapel (if applicable)		Start time:	
all external attachments. For 'other' please also specify which part of the casket applies.	, ,,	Length of service:		
(width mm)	Straps/bearers	YES	NO	
Head	Lowering device	YES	NO	
Shoulders	(Not supplied by Cemetery)			
Waist/Hip	Grass mats	YES	NO	
Foot				
Other*	Family to backfill	YES	NO	
		monts		
	()ther gravecide requirer			
Indemnity number (if	Other graveside requirer	iieiits		

phone: 856 7987

Authority to Open



name)			
of (address)		
phone			
email			
Acting in m	y capacity as:		
[]	The Funeral Director arranging th	e interment on behalf	of family.
[]	The current Burial Rights Holder -	- as per cemetery recor	rds.
[]		my authority to arrang	refore I have attached a completed Cemetery e this interment. In doing so I confirm I am aware
I hereby giv	ve permission for the late:		
to be interr	red at (circle which cemetery)	Hamilton Park	Hamilton East
Lawn / Area	a	Row / Garden	Plot
		YES NO	Note: Authority to Open an unused plot is required for plots purchased more than
s there any I f yes pleas	yone currently interred in this plot? se enter names below.	TES NO	three (3) months prior to date of this Authority as indicated below
Is there any If yes pleas	yone currently interred in this plot?	TES NO	three (3) months prior to date of this

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