

215 High Street Private Bag 1005 RANGIORA 7440 New Zealand Phone: (03) 311 8900 or: (03) 327 6834 Fax: (03) 313 4432 www.waimakariri.govt.nz

## APPLICATION TO REMOVE ASHES FROM A WAIMAKARIRI CEMETERY

Name of person cremated:		
Name of applicant applying to remove ashes:		
Relationship to deceased:		
Reason for removal of ashes:		
Date ashes buried:		
Description of Urn:		
List of the names and contact	details (address and phone No.) of the next of kin and close living relatives:	
Applicant to sign the following statement:		
To the best of my knowledge, the above list includes the next of kin and all of the close living relatives.		
Signed:	Date:	

Note: An application to vary a cemetery deed QS-M301-AI is also required

A written statement from the close relatives, supporting or objecting, to ashes, signed and their relationship to the deceased is required (attach mo		
Name:	Date:	
Relationship:		
I support the application to remove the ashes / I object to the removal of the	e ashes	
(Please cross out statement not relevant)		
Name:	Date:	
Relationship:		
I support the application to remove the ashes / I object to the removal of the	e ashes	
(Please cross out statement not relevant)		
Name:	Date:	
Relationship:		
I support the application to remove the ashes / I object to the removal of the	e ashes	
(Please cross out statement not relevant)		
Name:	Date:	
Relationship:		
I support the application to remove the ashes / I object to the removal of the	e ashes	
(Please cross out statement not relevant)		
Name:	Date:	
Relationship:		
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(Please cross out statement not relevant)		
Name:	Date:	
Relationship:		
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(Please cross out statement not relevant)		
Name:	Date:	
Relationship:		
I support the application to remove the ashes / I object to the removal of the	e ashes	
(Please cross out statement not relevant)		
Name:	Date:	
Relationship:		
I support the application to remove the ashes / I object to the removal of the	e ashes	
(Please cross out statement not relevant)		
FOR INTERNAL USE – PLEASE DO NOT WRITE IN THIS SPACE		
Date application received:	Digital Record:	
Date ashes removed:	File No:	