



AKATARAWA PUBLIC CEMETERY

Warrant for Interment: _____

No: _____

Date: _____

Surname: _____

First Names: _____

Occupation: _____

Address: _____

Age: (years) _____ **Date of Death:** _____ **Interment Date:** _____

Denomination: _____

Name of Clergy/Celebrant: _____

Funeral Director: _____

Date and Time of Funeral: _____ **Arrival time:** _____

Depth of Grave _____ **Casket Size:** _____

Next of Kin: _____ **Burial Area:** Headstone Plaque *Please Tick*

Relationship: _____

Address and contact details of Next of Kin: _____ **Phone:** _____

Customer Code: _____ **Invoice Number:** _____

Send Account to: _____

Address: _____

Name of Person entitled to hold exclusive right of burial _____

Address _____

Office Use Only

Plot No: _____ **Row No:** _____

Grave or Ashes: _____ **Plot Certificate No:** _____

Plot Area: _____ **Grave Description:** _____

Date of Purchase: _____ **Receipt No:** _____

Amount Paid: \$ _____

Plot 4207155	Interment 4207156	M.I.P. 4207159	Lowering Device 4207158	Extra Depth Triple Depth 4207501	Oversize Casket 4207501	Out of District 4207160	Weekend Digging 4207501	Weekend Services 4207159	Mem Book Inscription 4207501	Memorial Permit 4207501
CPL	CIN	CMIP	CLD	CED	COC	COD	CWD	CWS	CMB	CMP

TOTAL \$ _____

SEXTON _____