

CEMETERY PERMIT FOR ERECTION OF HEADSTONE

Date of Application: _____

Name of Applicant: _____

Name of Deceased: _____

Age of Deceased: _____

Late Residence: _____

Late Occupation: _____

Date of Death: _____

Number of Lot or Grave on Plan:

Lot: _____ Section: _____ Block: _____

Name of Holder of Grant of Exclusive Right of Burial if allotment previously purchased:
(If different from name of deceased)

Name of Funeral Directors/Stone Mason: _____

Date & Time Appointed for Headstone Erection: _____

Fees Paid: \$ _____ Receipt No. _____

Invoiced to: _____

Signature of Applicant: _____

**All works MUST comply to the current version of NZS 4242 Headstones and
Cemetery Monuments**