

Record No. \_\_\_\_\_  
(Office only)



AUCKLAND MEMORIAL PARK & CEMETERY  
APPLICATION FOR ISSUE OF INTERMENT WARRANT

2163 East Coast Road, Silverdale Ph: 09 426 9383 Email: admin@ampl.co.nz

Name of deceased person to be interred: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Male / Female / Other Occupation: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Usual Address: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Years in NZ (if not born here): \_\_\_\_\_

Date and Time of Burial: \_\_\_\_\_ Religion: \_\_\_\_\_

Lid Size of Casket/Urn: \_\_\_\_\_ Size & Depth of Grave: \_\_\_\_\_

Re-Open of, Name (if applicable): \_\_\_\_\_

Plot Location: \_\_\_\_\_ Row/Garden: \_\_\_\_\_ Plot: \_\_\_\_\_

Name of Licence Holder: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Address of Licence Holder: \_\_\_\_\_

**I HEREBY CERTIFY** that to the best of my knowledge and belief the above details are true and correct.

F.D. Company Name: \_\_\_\_\_ Funeral Director Name: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Note the above application **MUST** be signed by the Applicant (i.e. Licence Holder or their Next of Kin)

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**Office Use Only**

Other Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed for by AMPL: \_\_\_\_\_ Date Received: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Received: \_\_\_\_\_

Plot: \_\_\_\_\_

Body Burial: \_\_\_\_\_

Ash Interment: \_\_\_\_\_

Cottage Hire: \_\_\_\_\_

Other Charges: \_\_\_\_\_

Total: \_\_\_\_\_