

AKATARAWA PUBLIC CEMETERY

Warrant for Interment:

No:

Date:

Surname: _____

First Names: _____

Occupation: _____

Address: _____

Age: (years) _____

Date of Death: _____

Interment Date: _____

Denomination: _____

Arrival time: _____

Name of Clergy/Celebrant: _____

Funeral Director: _____

Date and Time of Funeral: _____

Casket shape: Shaped Oblong *Please tick*

Depth of Grave _____

Casket Size: _____

Next of Kin: _____

Burial Area: Headstone Plaque *Please tick*

Relationship: _____

Email: _____

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 _____