**Annex 1: Application for Disinterment Licence**

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| **Application for Disinterment Licence** | | | |
| This application form must accompany all applications for a disinterment licence and is to be sent to the health protection officer at the local office of the National Public Health Service. Also ensure the following are included with the application form:   * Death Certificate (countersigned as a true and accurate copy by a Justice of the Peace or a health protection officer) * Declaration of support from next of kin * Declaration under the Oaths & Declaration Act * Remittance advice showing the Licence Fee ($90.00 includes GST) has been paid by Direct Credit / online banking / bank deposit to the Ministry of Health's bank account Westpac account 03-0049-0001805-00. When payment has been made, email details of the remittance advice to [receivables@moh.govt.nz](mailto:receivables@moh.govt.nz)and include the details with this application for licence. | | | |
| **Name of applicant or agent** |  | | |
| **Relationship to Deceased** |  | | |
| **Postal Address** |  | | |
| **Street address**  (if different from above) |  | | |
| **Phone number** | view details |  | |
| view details |  | |
| **Email** |  | | |
| **Full name of deceased** |  | | |
| **Cause of death** |  | | |
| **Date of death** |  | | |
| **Burial location** |  | | |
| **Payment of Fee ($90)**  (insert remittance advice) |  | | |
| **Consent of cemetery operator or Urupa Trustees or burial ground trustees** (Sight documentation showing appointment as Trustee) |  | | |
| **Did cemetery operator or Urupa Trustees or burial ground trustees confirm the burial site is not a historic or war grave?** |  | | |
| **Burial date** |  | | |
| **Reason for disinterment** |  | | |
| **Next of kin** | **Name** | | **Relationship** |
| 1. | |  |
| 2. | |  |
| 3. | |  |
| 4. | |  |
| 5. | |  |
| 6. | |  |
| 7. | |  |
| **Kaumatua/Kuia**  (if deceased is buried in an urupa) | **Name** | | **Authority** |
|  | |  |

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

Signature of applicant/agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annex 2 Next of Kin Declaration of Support for Disinterment**

*Make as many copies of the declaration form that are needed for all next of kin to complete*

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| **Declaration in support of disinterment** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been consulted on this application  ( Insert your full name)  to disinter my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (insert relationship to deceased) (insert name of deceased)  and I hereby advise I support this application.  Signed: Date: |

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| **Declaration in support of disinterment** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been consulted on this application  ( Insert your full name)  to disinter my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (insert relationship to deceased) (insert name of deceased)  I hereby advise the application is supported.  Signed: Date: |

*Note: Any given authority for a person to act for other next of kin must be specified in writing and signed by the person giving that authority. For Pacific families, an elder may have authority to act on behalf of the deceased, even though the elder may not be a close relative of the deceased. A representative nominated in writing by the extended family is acceptable*

**Annex 3 Statutory Declaration**

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| **Declaration – Oaths & Declaration Act 1957** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  ( insert full name of applicant/agent/authorised person) (insert occupation)  of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  (insert location where you reside) (insert relationship to deceased)  do solemnly and sincerely declare that the statements made in the accompanying application are true and correct. I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.  Declared at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_  (insert location) (insert date) ( insert month) (insert year)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant |
| **Declared before me**:  **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  A person authorised under section 9 Oaths and Declarations Act 1957 to take this declaration.  **Designation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Stamp:**(Optional)  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

A declaration made in New Zealand must be made before:

1. A barrister or solicitor of the High Court
2. A Justice of the Peace
3. A notary public
4. The Registrar or a Deputy Registrar of the Supreme Court
5. The Registrar or a Deputy Registrar of the Court of Appeal
6. The Registrar or a Deputy Registrar of the High Court or a District Court
7. Some other person authorised by law to administer an oath
8. A member of Parliament
9. A person who is a fellow of the New Zealand Institute of Legal Executives and is acting in the employment of a practising barrister and solicitor of the High Court
10. An employee of the New Zealand Transport Agency authorised for that purpose by the Minister of Justice or an employee of Public Trust authorised or an officer in the service of the Crown or of a territorial authority authorised for that purpose.