

## **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 Northland District Health Board Public Health Unit. Also ensure the following are included with the application form:

- Original certificate of death or a certified copy (e.g. 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
- Payments for Disinterment License Fees are to be made by Direct Credit/online banking/bank deposit to the Ministry of Health's bank account Westpac account

03-0049-0001805-00.

Please include details in the online payment reference fields as follows: [name of payer] / Disinter Lic / [surname and initials of deceased]

When payment has been made, please email details of your remittance advice to receivables@moh.govt.nz

Name of applicant or agent	
Relationship to Deceased	
Postal Address	
Street address (if different from above)	

Phone number	Landline/Home	
	Mobile	
Email		
Full name of deceased		
Cause of death		
Date of death		
Burial location		
Consent of Urupa Trustees		
(Sight documentation showing appointment as Trustee)		
Burial date		
Reason for disinterment		

	Name	Relationship
Next of kin	1.	
	2.	
	3.	
	4.	
	5.	
Kaumatua/Kuia	Name	Authority
(if deceased is buried in an urupa)		

Dated at	this	day of	, 20
Signature of applicant/agent:			

## Annex: 2

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

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

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.

Declaration – Oaths & Declaration Act 1957				
I,,				
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				
Signature of Applicant				
Declared before me:				
Name:				
Designation:Stamp:(Optional)				
Signed:Date:				

A declaration made in New Zealand must be made before:

- a) A barrister or solicitor of the High Court
- b) A Justice of the Peace
- c) A notary public
- d) The Registrar or a Deputy Registrar of the Supreme Court
- e) The Registrar or a Deputy Registrar of the Court of Appeal
- f) The Registrar or a Deputy Registrar of the High Court or a District Court
- g) Some other person authorised by law to administer an oath
- h) A member of Parliament
- i) 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

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 local authority authorised for that purpose.