

Authority to Act on Behalf



By completing this form you are agreeing that the person named has your permission / authority to arrange for a headstone / monument to be installed on the plot for which you hold the exclusive right of burial.

I _____ (Full name of Burial Rights Holder)
of _____ (Address in full)
_____ (Occupation)
Phone: _____ Mobile: _____
Email: _____

Hold the exclusive right of burial for plot:

Area/Section: _____ Block: _____ Row: _____ Plot: _____
At _____ cemetery

My burial rights certificate number is: _____
I give permission for:
_____ (Full name)
_____ (Address in full)
_____ (Occupation)

Phone: _____ Mobile: _____
Email: _____

To organise the headstone / monument design and installation with:
_____ (Monumental Mason)

Contact person: _____ Phone: _____

Signature of exclusive burial rights holder: _____

Date: _____

Copy of photo identification attached: Yes

PRIVACY STATEMENT:

The personal information that you provide in this form will be held and protected by Auckland Council in accordance with our privacy policy (available at aucklandcouncil.govt.nz/privacy and at our libraries and service centres) and with the Privacy Act 1993. Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.

FOR OFFICE USE:

Received by: _____

Date: _____