



te kaunihera ā-rohe o  
**matamata-piako**  
district council

# Application to Register - Funeral Director

## *The Health (Burial) Regulations 1946*

### Details of Applicant:

Company / Sole Trader / Partnership Name (Legal Entity): \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Ph: \_\_\_\_\_ A/H Ph: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

### Details of Contact:

Given names: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Ph: \_\_\_\_\_ A/H Ph: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

### Details of Business

Name of business: \_\_\_\_\_

Physical address: \_\_\_\_\_

Address of any place to be used as a mortuary (If different from above): \_\_\_\_\_

What activities will your business carry out (e.g. embalming etc.)? \_\_\_\_\_

*Please include full payment when lodging your application. Fees included:*

*Funeral Director* \$105.00

*Mortuaries* \$230.00

### If Paying by Internet Banking please use the following details:

Account Name: Matamata-Piako District Council

Bank: Bank of New Zealand

Branch: Te Aroha

Bank Account No: 02 0436 0021611 00

Payee Name: < your name >

Version 23/06/2022

**Pay at one of our three offices:**  
35 Kenrick Street, Te Aroha  
56-62 Canada Street, Morrinsville  
Cnr Tainui and Tui Streets, Matamata

**Applicant's Declaration**

*I confirm that I have read and understood my responsibilities as outlined in the Health (Burial) Regulations 1946.*

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

<p><b>Office Use Only</b></p> <p>Receipt Number: _____</p> <p>Document Number: _____</p> <p>Licence Number: _____</p>	<p>Date Received</p>
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