



Date: .....

**The Director Health Services**

Ministry of Health & Quality of Life

5th Floor

Emmanuel Anquetil Building

PORT LOUIS

Dear Doctor

**RE LANDING OF ASHES FROM MK ...../.....**

I shall be grateful if permission could be granted to land the ashes of late .....

Attached are the following documents:

- Death Certificate stating the cause of death.
- Copy of the passport (or ID).
- Cremation Certificate
- Certificate from the Undertaker confirming that the urn is hermetically sealed.

Thanking you in anticipation.

Yours sincerely

Signature .....

Name .....

Address .....

Phone .....

Email .....