

**Annex 4 Carriage of Urns**



Date: .....

**The Director Health Services**  
Ministry of Health & Quality of Life  
5th Floor  
Emmanuel Anquetil Building  
PORT LOUIS

Dear Dr. Gujadhur

**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 .....