

Cremation booking form

Deceased

Family name _____

First names (Legal names as appear on the Death Certificate) _____

Preferred name (If a preferred name is provided, it will be used on the Chapel Sheet where relevant) _____

Last Address _____

Date of Birth _____ Date of Death _____ Sex _____ Religion _____

Chapel booking

Date of Service _____ Time of Service _____ am/pm

Facility Small Main

Service Type Committal Full

Time (hours) 0.5 1.0 1.5 2.0 2.5 3.0

Attendant required Yes No

A Wellington City Council attendant will meet Funeral Director 15 minutes prior to the time of service unless otherwise requested.

Facilities Required:

Casket lowering Curtains only Recording Cross Cover

Special Instructions

Cremation only

Date of Delivery _____ Time of Delivery _____ am/pm

Ash instructions

Collection Date _____ By _____

If the family's wishes are unknown, you are required to collect the ashes and return them with the relevant paperwork at a later date.

Interment Forms required: Application for right of burial
 Application to purchase exclusive right of interment

Unattended scattering. Location: Rose Garden native bush Other _____
 Unless otherwise specified, ashes will be scattered by staff of Wellington City Council in native bush.

Attended Scattering: Form required: Sundry Booking Form

Authorisation

I am the person arranging this cremation. I declare that the information given on this form is correct. I/the company will be responsible for paying the cremation fees and other related fees set by Wellington City Council. I/the Company further agree to take all reasonable steps to prevent any damage to facilities and equipment used during the service. In the event that damaged is caused I/the company accept liability for the cost of repairs or replacement as required.

Funeral Director (Co.) _____

Name _____

Address _____

Phone No. _____

Signature _____ Date _____

Declaration by Customer Service and Administration Manager

Cremation Record No. _____

I hereby certify that the body of _____ was cremated on _____
and the remains disposed of in accordance with the instructions set out on this form.

Signature _____ Date _____

Notes (Record any variances or other significant issues)

