

Sundry booking form

Deceased

Family name _____
 First name _____
 Last address _____
 Date of birth _____ Date of death _____ Sex _____

Ash scatter

(use this form in all cases **except where** an unattended scattering is requested immediately following the cremation)

Date _____ Time _____ am/pm Attended Unattended
 Location Rose Garden Native Bush Other
 Ashes held by WCC Funeral Director Family
 Place cremated _____

Plaque removal and placement

Placement Removal Cemetery _____
 Number _____ Path/row/garden _____ Section _____
 Date _____ Time _____ am/pm Attended Unattended
 Please give minimum 5 working days notice. State time in case of attended plaque placement only.
 Instructions where plaque removed: _____

Chapel booking

(use this section in the case of a chapel service only)

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

Entry in Book of Remembrance

Name, year and age are standard

Required inscription

Other miscellaneous

Specify in detail

Authorisation

I am the person arranging this interment. I declare that the information given on this form is correct. I/the company will be responsible for paying the interment fees and other related fees set by Wellington City Council in consideration of being granted the right to inter.

Funeral Director (Co.) _____

Name _____

Address _____

Phone No. _____

Signature _____ Date _____

Declaration by Customer Service and Administration Manager

I hereby certify that the required actions were carried out in accordance with the instructions set out on this form

Signature _____ Date _____

Notes (Record any variances or other significant issues)
