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

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
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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
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)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________