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 ___________ am/pm □ Attended □ Unattended 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

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**Other miscellaneous**  
Specify in detail

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**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 __________

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**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)

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