

# Cremation booking form

Use this form to book a cremation at Karori crematorium.

Deceased	
Family name:	
First name/s: <i>(legal name on the Death Certificate)</i>	
Preferred name for the chapel sheet:	
Last address:	
Date of birth:	Date of death:
Gender:	Religion: <i>(if applicable)</i>

Chapel booking						
Date of service:	Time of service:	am/pm				
Chapel:	<input type="checkbox"/> Small	<input type="checkbox"/> Main				
Service type:	<input type="checkbox"/> Committal (30 minutes)	<input type="checkbox"/> Full (1 hour)				
Duration:	(hours) <input type="checkbox"/> 0.5	<input type="checkbox"/> 1.0	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2.0	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3.0
Attendant required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
A Wellington Cemeteries attendant will meet the family or funeral director 15 minutes before the service, unless otherwise requested.						
Facilities required:	<input type="checkbox"/> Casket lowering	<input type="checkbox"/> Curtains only	<input type="checkbox"/> Cross cover			
Other instructions:						

Cremation only - no chapel service		
Delivery date:	Delivery time:	am/pm

Artificial joints		
Do you consent for any artificial joints to be recycled and proceeds given to charity:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, if <b>no</b> please tick one of the below:	<input type="checkbox"/> N/A
	<input type="checkbox"/> Collect	<input type="checkbox"/> Dispose

In line with Wellington City Council's commitment to environmental responsibility, plastic casket handles will be removed at the crematorium and in most circumstances will be recycled or reused.

## Ash instructions

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

Will collect

Date:

By:

Interment

Forms needed:

Burial booking form

Purchase an exclusive right of interment

Attended scattering

Form needed:

Sundry booking form

Unattended scattering

Unless otherwise specified, Wellington City Council staff will scatter ashes in native bush.

## Casket contents

I confirm that the casket will be checked for inappropriate materials, as described in the cemetery sales manual i.e. glass.

## Authorisation

I am the person arranging this transaction. I declare that the information given on this form is correct. I/the company will be responsible for paying the Wellington City Council fees. I/the company agree to take all reasonable steps to prevent any damage to facilities and equipment used during the service. If damage is caused, I/the company accept liability for the cost of repairs or replacement as required.

Funeral director and company, or family:

Name:

Email:

Address:

Phone number/s:

Signature:

Date:

## Service Delivery Manager declaration

Cremation record number:

I hereby certify that the body of:

was cremated on:

and the remains were disposed of according to the instructions on this form.

Signature:

Date:

Ash disposal date:

Initial:

Notes: *(record any variances or significant issues)*

Scan and email to [cemeteries@wcc.govt.nz](mailto:cemeteries@wcc.govt.nz)

Post or drop to **Karori Cemetery, 76 Old Karori Road, Wellington 6012**

Phone **04 476 6109**