Cremation booking form

Absolutely Positively **Wellington** City Council
Me Heke Ki Pōneke

Use this form to book a cremation at Karori crematorium.

Deceased

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

Chapel booking

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

Cremation only – no chapel service

Delivery date:	Delivery time: am/pm

Artificial joints

Unless 'No' is ticked, joints will be recyled. NB: All joint recycling proceeds are donated to CANTEEN

☐ No, I do not wish to recycle. ☐ I will collect joint ☐ Dispose of joint ☐ N/A

If no, please specify:

Joint recycling helps reduce the depletion of the earth's raw materials and preserves land.

In line with Wellington City Council's commitment to environmental responsibility, plastic casket handles will be removed at the crematorium.

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.

☐ Over 150kg cremation

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:

Officer 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**
Post or drop to **Karori Cemetery, 76 Old Karori Road, Wellington 6012**
Phone **04 476 6109**