

Sundry booking form

Use this form to book an ash scattering, a temporary grave marker, Book of Remembrance entry or chapel with no cremation.

Deceased		
Family name:		
First name:		
Last address:		
Date of birth:	Date of death:	Gender:

Scatter ashes			
Fill in this section unless if you want an unattended scattering immediately after the cremation.			
Date:	Time:	am/pm	<input type="checkbox"/> Attended by family <input type="checkbox"/> Unattended - no family
Scatter in:	<input type="checkbox"/> Rose garden	<input type="checkbox"/> Native bush	<input type="checkbox"/> Other
Ashes held by:	<input type="checkbox"/> WCC	<input type="checkbox"/> Funeral director	<input type="checkbox"/> Family
Place cremated:			

Place or remove a plaque			
Please give minimum 5 working days notice. Please state time.			
<input type="checkbox"/> Place	<input type="checkbox"/> Remove		
Cemetery:	<input type="checkbox"/> Karori	<input type="checkbox"/> Makara	
Number:	Path/row/garden:	Section:	
<input type="checkbox"/> Unattended	<input type="checkbox"/> Attended	Date:	Time: am/pm
Instructions for removing the plaque:			

Book of Remembrance entry <i>(we will include name, years and age)</i>
Extra fee will apply.

Book a chapel

Use this section if you want to book a chapel only service, without a cremation.

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 City Council attendant will meet the family or funeral director 15 minutes before the service, unless otherwise stated

Facilities required: Casket lowering Curtains only Recording Cross cover

Other instructions:

Other requests (specify in detail)

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 for being granted the right to inter.

Funeral director and company, or family:

Name:

Email:

Address:

Phone number/s:

Signature:

Date:

Business Support Officer declaration

I certify the actions were carried out according to the instructions on this form.

Signature:

Date:

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**