Burial booking form - Ash or casket

Absolutely Positively **Wellington** City Council

Me Heke Ki Pōneke

Use this form to book a burial. You may also need an Exclusive right of burial form to purchase a plot space.

Deceased								
Family name:								
First name/s on the Death Certificate:								
Preferred name: (For a temporary grave marker, if relevant)								
Last address:								
Date of birth:			Date of death:					
Gender:			Religion: (if applicable)					
Diet vervisemente								
Plot requirements	_				_			
Burial Type:	☐ Ca	sket	Ash: Attended by family		y 🗌 Unattended			
Cemetery:		☐ Karori ☐ Makara						
☐ First interment ☐ Exclusive right of interment application attached								
☐ Pre-purchased plot held Details:								
Second or subsequent inter	ment Detail	S:						
Interment instructions								
			_	,				
Date of interment:		Time of interme	•		Shaped Oblong	Oblong		
((C)	haped Oblong	☐ Folding Ha	_	ndel				
Other specify:								
*Casket width incl handles (measure at widest point): Length: Width:								
NOTE: Extra width fee applies to all caskets larger than 800mm width								
URN dimensions:	arori Urn ht:	☐ Other, spe Length:	Width:		Length			
Lease a temporary grave marke		☐ Yes						
(maximum time 13 months)								
Stipulate side for multiple plot		_						
	entre outh	☐ Right ☐ East	☐ West					
Accessories:					Provide external measurements			
☐ Mats ☐ Lowering device	Dirt box and trowel		Exact measurement handles.	nts include				
Other instructions:								

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Names of previously buried					
Surname:	First name:				
Surname:	First name:				
Authorisation					
I am the person arranging this burial. I declare that the information given on this form is correct. I/the company will be responsible for paying the interment fees and all Wellington City Council fees for being granted the right to bury.					
Funeral director and company, or family:					
Name:					
Email:					
Address:					
Phone number/s:					
Signature:	Date:				
Grave decorations					
Decorations may be placed on the concrete beam next to the headstone or plaque, but not the grass area in front of, or behind the plot, as we need to maintain and mow these areas. Decorations on lawns will be removed.					
Office Manager declaration					
Number:	Path/row/garden:	Section:			
I hereby certify that the body of:					
was buried on:	according to the instructions on this form.	Digitally mapped:			
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**