Sundry booking form

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

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	1:		Gender:								
Scatter ashes													
Fill in this section unless if you want an unattended scattering immediately after the cremation.													
Date: Time: am pm			Attended by family		Unattended – no family								
Scatter in:	Rose g	arden		Native bush		Other							
Ashes held by:	WCC			Funeral director		Family							
Place cremated:													
Diagram and a silvent													
Place or remove a plaque		_											
Please give minimum 5 working of			ime.										
Place	Remov	re											
Cemetery:	Karori			Mākara									
Number:	Path/row/	garden:				Section:							
Unattended	Attend	led		Date:		Time:	am	pm					
Instructions for removing the plaque:													
Book of Remembrance entry	(we will in	rlude name ve	ars and	nne)									
Extra fee will apply.	(we witt me	tade name, ye	ars arra	age)									
Zana ree ma appriji													

CB01934

Book a chapel										
Use this section if you want to b	ook a chapel o	nly service, v	without a cremation.							
Date of service:			Time of service:			am	pm			
Chapel:	Small		Main							
Service type:	Committa	al (30 minute	es) 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 lo	wering	Curtains only	Recording		Cross cover				
Other instructions:										
Other requests (specify in de	tail)									
Authorisation										
I am the person arranging this tr responsible for paying the Welli					t. I/the com	pany will be				
Funeral director and company, o	or family:									
Name:										
Email:										
Address:										
Phone number/s:										
Signature:					Date:					
Business Support Officer de	claration									
I certify the actions were carried	l out according	to the instru	uctions on this form.							
Signature:					Date:					
Notes: (record any variances or s	significant issue	es)								

Scan and email to **cemeteries@wcc.govt.nz**Post or drop to **Karori Cemetery, 76 Old Karori Road, Wellington 6012**Phone **04 476 6109**