



Invoice No:
Total Cost:
Ref No
Warrant No
Service Request No

CEMETERY INFORMATION SHEET

Funeral Director's Name: _____

Cemetery to be interred at: _____

Plot No: _____

| | | | | |
|----------|----------------|--------------------------|------------------|--------------------------|
| Section: | Monumental | <input type="checkbox"/> | Lawn | <input type="checkbox"/> |
| | RSA Burial | <input type="checkbox"/> | RSA Ashes | <input type="checkbox"/> |
| | Cremation Beam | <input type="checkbox"/> | Cremation Garden | <input type="checkbox"/> |
| | Ashes Wall | <input type="checkbox"/> | Natural Burial | <input type="checkbox"/> |

Depth: _____

Casket/Urn Size: _____

Cremation Number: _____

Name of Deceased: (Surname) _____

(Given Names) _____

Date of Birth: _____ Date of Death: _____

Date of Burial: _____

Estimated Time of Arrival: _____

Age: _____

Place of Birth: _____

Number of years Residency in New Zealand: _____

Address of Deceased: _____

Occupation: _____

Denomination: _____

Minister/Celebrant: _____