



BOOK OF REMEMBRANCE

Whanganui District Council
PO Box 637
WHANGANUI



WHANGANUI
DISTRICT COUNCIL
Te Kaunihera a Rohe o Whanganui

Aramoho Cemetery – Whanganui Crematorium Book of Remembrance

Please record the following entry in the Book of Remembrance for which I have paid the prescribed fee – receipt to be provided.

Full name of Deceased

| |
|---------------|
| Surname |
| Given names |
| Date of Death |

In Memoriam:

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Whanganui District Council reserves the right to vary or refuse an inscription which may be considered unsuitable.

Applicant

| | | |
|-------------------------|----------|------------|
| Name of Applicant | | |
| Address: | | |
| Email: | | |
| Signature of Applicant: | | Date: |
| Fees | \$135.00 | Receipt No |
| Checked by | Crem No | Account No |
| Inscribed by | Date | |