



Carded

Account No:
Cremation No:
Date:

**ARAMOHO CEMETERY WHANGANUI**  
**ARRANGEMENT FOR CREMATION, WHANGANUI CREMATORIUM**

Surname of Deceased: \_\_\_\_\_ Other Names: \_\_\_\_\_

Last Permanent Address: \_\_\_\_\_

Rank or Occupation: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female (circle)

Date of Birth: \_\_\_\_\_ No. of years in District: \_\_\_\_\_

Minister Officiating: \_\_\_\_\_ Denomination: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Hour of Cremation: \_\_\_\_\_ am/pm

**- FEES -**

Cremation Fee: \_\_\_\_\_ \$ \_\_\_\_\_

Medical Referee Fee: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ GST Tax \$ \_\_\_\_\_

**Person/Company responsible for Payment of Fees: -**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Person arranging funeral: -**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

This form must be completed and presented to the Sexton prior to the cremation, by the Funeral Director arranging the cremation and is the person/company responsible for the Fees. Where a Funeral Director is not the person arranging the cremation the full fees must be paid in cash (or Bank cheque) prior to the cremation service. The Whanganui District Council does not extend credit to individuals for Cremation Services.