



AUCKLAND MEMORIAL PARK & CEMETERY

Service Facility

CONFIRMATION OF BOOKING

Day of service:

Date of service:

Name of Deceased:

Funeral Director or Family Name:

Service Facility Hire: Start time: Finish time:

Catering Facility Hire: Start time: Finish time:

CASKET / URN
(please circle one)

Number of attendees expected:

Equipment needed during service:

Microphone: ☐ Sound System: ☐ TV Screen: ☐

Caterer's Name:

Telephone number: Time of arrival:

Catering must be provided by one of our Approved Suppliers or a Registered Catering Company with the provision of a valid Food Safety & Hygiene certificate.

Auckland Memorial Park & Cemetery Ltd is not licensed for the consumption or serving of alcohol.

NB: Please advise your attendees of the Emergency Exits & Assembly Point in front of the Cottage.

Funeral Directors - Please ensure you bring a trolley for the casket.

Signed by: (Funeral Director/Family) Date:

Office use only:

Signed by: (on behalf of Auckland Memorial Park & Cemetery)

Invoice #:

Total Cost: