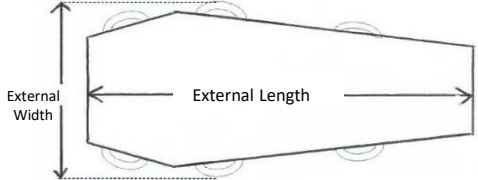
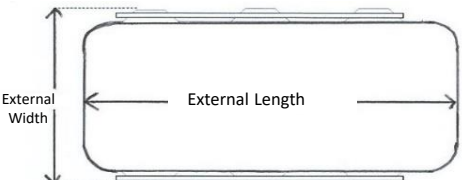


AUCKLAND MEMORIAL PARK & CEMETERY

REQUEST FOR BURIAL

2163 East Coast Road, Silverdale Ph: 09 426 9383 Fax: 09 427 9345

Please complete the following & email to admin@ampl.co.nz

BOOKING DETAILS		
DAY:		
DATE:		
BURIAL TIME:		
SERVICE LOCATION:	ARRIVAL TIME:	
Family Request	NAME:	Ph :
Funeral Director	NAME:	Ph :
Signature		Date:
NAME OF DECEASED _____		
CASKET	LENGTH:	X WIDTH **
		X HEIGHT
** Please ensure you measure casket at the widest point including handles		
<input type="checkbox"/> Shaped <input type="checkbox"/> Oblong <input type="checkbox"/> Fixed Handles/Bar <input type="checkbox"/> Drop Down Handles/Bar		
DEPTH: SINGLE / DOUBLE / REOPEN ASH URN SIZE: LAKE SCATTERING:		
BURIAL GRAVE SIZE: ASH GRAVE SIZE:		
NEW PLOT / PRE PURCHASED NAME: _____		
REOPEN OF NAME: _____		
PLOT LOCATION: _____ ROW: _____ PLOT: _____		

AUCKLAND MEMORIAL PARK & CEMETERY OFFICE USE ONLY

We confirm that the arrangements detailed above have been approved

Signature: _____

Date: _____

On behalf of Auckland Memorial Park & Cemetery

INTERNAL NOTES:	
INVOICE #	<input type="checkbox"/> Emailed Instructions to SLS
DATE:	<input type="checkbox"/> Plot identified
PAID:	<input type="checkbox"/> Signs
Lowering Device	<input type="checkbox"/> Family Bringing Ashes
Sticks & Straps	<input type="checkbox"/> Ashes with AMPL
Marquee	<input type="checkbox"/> Outlook Calendar
Seats	
Incinerator	
Incense Burner	
Spades	
Bowl of Soil	
Water Bucket	
Fill Grave While Family Present	