

Memorial Reservation Form

1 Details of person purchasing Memorial

Date _____

Surname _____

Forenames _____

Postal address _____

Phone _____

2 Please give below full name of each person for whom memorial has been purchased

Location e.g TRE0001	Surname	Forenames (in full)	Date of Death

Cemetery	Cost	(\$)	Total (\$)
Maunu	Memorial Bench – includes memorial plaque	2717.00	
Onerahi	Memorial Bench – includes memorial plaque	2717.00	
Kamo	Memorial Bench – includes memorial plaque	2717.00	
	Memorial Tree – Memorial NOT included	540.00	
	Memorial Rhododendron – Memorial NOT included	218.00	
Total		\$	

All fees GST inclusive

Office use

Receipt number _____ Email sent to cemetery manager

Receipt date _____ Form sent to cemetery office

Customer service representative name _____ CSR initials _____

Confirmed entered in register Confirmed entered onto database Cemetery admin initials _____