

Application for Scattering Ashes or Interring Ashes or Placentas

Applicant

Name of Applicant _____

Address _____

Contact Phone _____

Contact Email _____

Memorial Details

Name of deceased _____ [if applicable]

Requested type of activity

Tick applicable box

Scattering ashes Location _____

Interring ashes in biodegradable container Location _____

Interring placenta Location _____

Please note: placentas must not contain formaldehyde and must be placed in a biodegradable container.

Other Location _____

Description of activity _____

Requested date and timing of interment / scattering

Date _____ Time of day _____

NB: All requests are required to meet the requirements set out in the *Commemorative Policy*.
Please complete the Commemorative Memorial Application Form if you wish to commemorate the occasion with a tree planting, installation of furniture or a plaque.

Send to

Manager
Parks and Gardens Business Unit
Wellington City Council
PO Box 2199
Wellington