



UPPER HUTT CITY COUNCIL AKATARAWA CEMETERY

Notification form for all memorial work

This form must be completed and submitted to the Sexton prior to the commencement of work and also upon completion of the work. It can be deposited into the slot of the Office door.

Full name of Deceased:

Section _____

Row _____

Plot No. _____

Start date & time of work: Date ____ / ____ / ____ Time _____ AM/PM

Completion date & time: Date ____ / ____ / ____ Time _____ AM/PM

Name of firm:

Additional notes: _____

Signature: _____