

Pre-planning your funeral is a caring gesture that provides peace of mind for both you and your loved ones by honouring your final wishes and easing their burden during a difficult time.

My details

First name	Surname			
Address				
Date of birth PI	ace of birth			
Are you descendent from New Zealand Ma	ori? 🛮 Yes 🔻 No 🔻 Don't know			
If born overseas, year of arrival in NZ	/			
Ethnic group				
Main occupation before retirement				
Father's full name				
Name at birth if different				
Main occupation before retirement				
Mother's full name				
Maiden name				
Main occupation before retirement				
Do you have a Pacemaker?	0			
Are you a: DP Marriage / Civil union	celebrant			
	Relationship status			
☐ Married	☐ In a civil Union ☐ Spouse / Partner deceased			
☐ In a De Facto relationship	☐ Marriage / Civil union permanently separated			
☐ Marriage / Civil union dissolved	☐ Separated from De Facto partner ☐ Never in a legal relationship			
	Most recent Marriage / Union			
Spouse/Partner full name				
Spouse/Partner maiden name				
Date of birth				
Place of Marriage Sex of spouse/partner M F Other				
Any other ma	arriages/defacto, please fill in the details below			
Spouse/Partner full name				
Spouse/Partner maiden name				
Date of birth	r age at marriage 			
Place of Marriage	Sex of spouse/partner M M F M Other			

Children

Date of birth of ea	_				
	of each deceased c	aughter			
Age at the death					
		Present or ex	x service person		
	Service numbe War	☐ Firefighter r			
	I have considered	Fu my final wishes for my body will be cared	uneral ny funeral arrangem	ents, includ	
My wish is to be ☐ Buried					
Cemetery		Plot	Block		
☐ My ashes to be	kept by				
☐ Donated to scie	ence				
My casket is a	☐ Picture casket☐ Eco casket	☐ Painted casket - m☐ Solid wood casket			□ Shroud
_	nbalmed o be embalmed oe at home until th	ne day of my funeral		uanct.	■ Silloud
Clothing I wish to be dressed by family and complete the complete th	close friends				

viewing		
☐ Yes, I would like	ke to be visited by family and friends	
□ No, I do not w	ish to be viewed	
The funeral serv	vice	
	☐ Standard	☐ Private service
	☐ Memorial service (service with the ashes)	☐ No service
	Religious	Other
To be held at		<u>.</u>
Celebrant / Minis	ter	
Pallbearers		
Speakers		
Reading / poems	5	
Hymns		
Songs Carrying	in (Carrying out
Photo presentati	on songs (3)	
	consider selecting your photos / vide	eo footage
Floral arrangeme	ents	
☐ Flowers		□ Vegetables
☐ Foliage		☐ Herbs
Other		
Family notice		
□ Newspaper		
☐ Social media .		
□ Other		
□ None		
	Hobbies &	interests
•••••		

Budget

I have		
☐ Insurance with	Saving	
☐ Funeral pre-planning with	Other	
☐ I want to keep all costs to a minimum		
	Next of kin	
Name		
Address		
Relationship		
Mobile		
Phone (h)	Phone (w)	
Email		
	Relevant information	
Doctor		
Surgery name	Contact	
Solicitor	Contact	
Solicitor's firm		
Power of attorney		
	Extra notes	
Printed name	Date	/
Circan		

AFTER FILLING OUT THIS FORM, PLEASE PROVIDE A COPY TO EITHER THE PERSON WHO IS MOST LIKELY TO ORGANISE YOUR FUNERAL OR YOUR LEGAL ADVISOR.