

YOUR FUNERAL PLAN

Date:

Solicitor holding will:

Contact details: Tel:

My wish is to be: Buried: natural / conventional and interred at Cemetery
 Cremated: ashes to be scattered / interred at

Funeral service to be held at:

Religion: Minister / Celebrant:

Casket:

Hymns:

Readings / Poems:

Music:

Flowers:

Charity:

Newspaper notices:

After funeral event:

Additional choices & instructions:

Signed:

REGISTRATION DETAILS

Date:

First or given names:

Surname:

Residential address:

Name at birth (if different from above):

Sex: Male / Female

Date of Death:

Date of Birth:

Age now:

Place of birth: Town:

Country:

Years lived in NZ:

Occupation:

Ethnic group:

Descendant of NZ Maori: Yes / No

Age of each living son:

Age of each living daughter:

Name of father:

Occupation:

Name of mother:

Occupation:

Mother's maiden name:

Legal relationship status

Married / Widowed / Divorced / Separated / De-facto / Civil Union / Single

Place of marriage or civil union:

To whom:

Surname:
(when relationship formalised)

Age of deceased at marriage or civil union:

Current age of spouse: Sex: Male / Female

Do any of the following apply to the deceased?

Justice of the Peace:

Marriage Celebrant:

Hold an honour or award: