



# Funeral Pre Arrangement Document

## Applicant

Full Name of Participant \_\_\_\_\_  
 Name at Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Birth Place \_\_\_\_\_ Number of Years in New Zealand \_\_\_\_\_  
 Usual Occupation /Profession \_\_\_\_\_  
 Doctors Name \_\_\_\_\_

## Parents Information

Full Name of Father \_\_\_\_\_  
 Fathers Occupation Prior to Retirement \_\_\_\_\_  
 Full Name of Mother \_\_\_\_\_  
 Mothers Maiden Name \_\_\_\_\_ Mothers Occupation \_\_\_\_\_

## Ages of Living Children

Son's \_\_\_\_\_  
 Daughter's \_\_\_\_\_

## Relationship Details

Married       In a De Facto Relationship       Spouse/ Partner Deceased       Never in a Legal Relationship  
 In a Civil Union       Marriage or Civil Union Dissolved       Separated from De Facto Partner       Permanently Separated

## Current Information

Spouse/ Partners Name \_\_\_\_\_  
 \_\_\_\_\_  
 Place of Marriage \_\_\_\_\_ Your age at Marriage \_\_\_\_\_

## Previous Information

Spouse/ Partners Name \_\_\_\_\_  
 Place of Marriage \_\_\_\_\_ Your age at Marriage \_\_\_\_\_



## Previous Information

Spouse/ Partners Name \_\_\_\_\_  
Place of Marriage \_\_\_\_\_ Your age at Marriage \_\_\_\_\_  
Spouse/ Partners Name \_\_\_\_\_  
Place of Marriage \_\_\_\_\_ Your age at Marriage \_\_\_\_\_  
Spouse/ Partners Name \_\_\_\_\_  
Place of Marriage \_\_\_\_\_ Your age at Marriage \_\_\_\_\_

## Service Details

Venue for Service \_\_\_\_\_  
Name of Celebrant or Clergy to Officiate \_\_\_\_\_  
**Burial:** Family Plot at \_\_\_\_\_ New Plot Required \_\_\_\_\_  
Cremation at \_\_\_\_\_  
Ashes \_\_\_\_\_  
Casket Type \_\_\_\_\_  
Flowers for the Casket:  Natural Bunch  Casket Spray  \$ \_\_\_\_\_ Value & Requirements \_\_\_\_\_  
Type of Flowers and Colour \_\_\_\_\_  
Catering:  Yes  No \_\_\_\_\_ Numbers Requirements \_\_\_\_\_  
 Memorial Book \_\_\_\_\_  
Donations to \_\_\_\_\_  
Reading's \_\_\_\_\_  
Hymns \_\_\_\_\_  
Organist Musicians \_\_\_\_\_  
Service sheets to be printed  Colour  Photo Presentation  Recording of Service  
 Black and White  Personal Photo

## Next Of Kin

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Numbers \_\_\_\_\_  
Executors Name \_\_\_\_\_  
Phone Numbers \_\_\_\_\_  
Lawyers Name \_\_\_\_\_  
I have a current Will:  Yes  No I have a Pre-Paid Funeral Plan with \_\_\_\_\_  
I Bank with \_\_\_\_\_ Branch \_\_\_\_\_