



PRE-ARRANGEMENT DETAILS FORM

We suggest that when you have filled this form in and had a discussion with a funeral director, to nominate and tell a family member of your plans, and where this form will be kept. This will ensure that your wishes will be honoured when our family serves yours...

Personal Details

Date of Arrangement:

DETAILS OF APPLICANT

Funeral Arranger: _____

DoB: _____ Age: _____ Disposition: Crem Burial Sex: M F

Title: _____ First Name/s: _____ Surname: _____

Names at Birth: _____ Surname at Birth: _____

Contact Phone: _____ Residential Address: _____

Alt. Contact: _____ Suburb: _____

Venue/Urupa: _____ City: _____

Public Cemetery: Y N Name of Cemetery/Urupa: _____

REGISTRATION DETAILS

Place of Birth: _____ Country if not NZ: _____ Years Lived in NZ: _____

NZ Māori: Y N Ethnic Group: _____ Occupation: _____

Age of each living Daughter: _____ Age of each living Son: _____

Mothers First Name: _____ Mothers Surname: _____

Mothers First Name at Birth: _____ Mothers Surname at Birth: _____

Fathers First Name: _____ Fathers Surname: _____

Fathers First Name at Birth: _____ Fathers Surname at Birth: _____

RELATIONSHIP STATUS:

- Married In a De Facto Relationship Marriage/CU Dissolved Permanently Separated
 In a Civil Union Never in a Legal Relationship Spouse/Partner Decease* Separated from De Facto

**If spouse/partner decease please indicate if married, or de facto relationship*

Partners First Name: _____ Partners Surname: _____

Male Female Partner Alive Deceased Partners DoB: _____ Age at Marriage: _____

JP or Marriage Celebrant: Yes No Honours Held: Yes No Name of Award: _____

NEXT OF KIN CONTACT:

My Next of Kin/Executor to my Funeral is...

Next of Kin Name: _____
 Address Details: _____
 Contact Number & Email: _____