

## Contacts

My Will is held by:

Executor of will:

.....  
 .....  
 .....  
 (.....).....

.....  
 .....  
 .....  
 (.....).....

Next of kin:

My Doctor is: *(name and practice)*

.....  
 .....  
 .....  
 (.....).....

.....  
 .....  
 .....  
 (.....).....

Account to:

Condolence cards forwarded to:

.....  
 .....  
 .....  
 (.....).....

.....  
 .....  
 .....  
 (.....).....

**Do any of these apply to you?**

- I will be applying for WINZ / ACC / Life Insurance
- Any non military honour/award  A JP or marriage celebrant
- RSA participation  War Service details .....

Extra Notes:

.....  
 .....  
 .....

Tony, Ricky, Kathy, Oliver  
 Richard & Dorothy Hope  
 4 Keenan Road, Pyes Pa,  
 RD 3, Tauranga 3173  
**Ph (07) 543 3151**



# Personal Details and Funeral Wishes of



First name(s): .....

Surname: .....

*Name at Birth (if different)*

First name(s): .....

Surname: .....

Usual Residential Address:

Contact's Name & Address:

.....  
 .....  
 .....

.....  
 .....  
 .....  
 Relationship:.....

Ph:(.....).....

Ph:(.....).....

Mobile:(.....).....

Mobile:(.....).....

Email: .....

Email: .....

Today's Date:

## Personal Details

Date of Birth..... Town/City & Country of Birth: .....

*If not born in NZ, please state the year you arrived here: .....*

### Ethnic Group:

Are you descended from a NZ Maori:  Yes  No  
 NZ European  Maori  Tongan  Niuean  Indian  
 Chinese  Cook Island Maori  Samoan  Other:.....

**Gender:**  Male  Female

**Main Occupation** (*before retirement*):.....

**Children: If deceased put age at death then (D)** (*include legally adopted IN, not out*)

Daughters - names and DOB: Sons - names and DOB:  
..... / ..... / .....  
..... / ..... / .....  
..... / ..... / .....  
..... / ..... / .....  
..... / ..... / .....

**Parents:** (*adoptive parents if applicable*)

Mother's first name/s the day you were born: .....

Mother's surname the day you were born:.....

Mother's maiden name (*if applicable*):.....

Mother's main occupation (*before retirement*) : .....

Father's full name: .....

Father's main occupation: (*before retirement*) .....

**Relationship status:** (*please note this will appear on the Death Certificate*)

Married  In a civil union  
 In a de facto relationship  Marriage/civil union dissolved  
 Permanently separated  Separated from a de facto partner  
 Spouse/partner deceased  Never in a legal relationship

**Most recent relationship:**

Age at marriage:..... Place of Marriage: .....

DOB of spouse/partner: (*if deceased place a dash*).....  Male  Female

Spouse/Partner **full** name prior to this marriage:  
.....

**Previous relationship:** (*please circle which applies*) **marriage/civil union/de facto:**

Age at marriage:..... Place of Marriage: .....

DOB of spouse/partner: (*if deceased place a dash*).....  Male  Female

Spouse/Partner **full** name prior to this marriage:  
.....

## My Funeral Wishes

...../...../.....

...../...../.....  Burial  Cremation Office Use:  P  T

If buried: cemetery name, street address and plot is: .....

If cremated, ashes:  Held by Family / Hopes  Scattered by Family / Hopes

(*tick and circle applicable*)  Buried by Family / Cemetery Staff: Plot: .....

If held at Hopes, a reminder courtesy call after:  6 months  12 months

**Funeral service**  Yes  No

Venue: .....

Day and date and time of service:.....

I would like the service taken by:.....

The colour of coffin:  Rimu  Mahogany  White  other .....

The style of coffin:  Grosvenor  Richmond  other.....

The style of hearse: Black Jaguar / White Jaguar / Motorbike

The casket is to be:  In place  Carried in / out by pallbearers  Lowered

**YES NO FAMILY TO ARRANGE**

I would like flowers on my casket:    .....

(*Colours/type*): .....

Flowers to be retrieved?   .....

Petals to be placed on my casket:  #.....  .....

Jewellery/Clothing:  Keep on  Return to: .....

Memorial book at the service:    .....

Service sheets:  #.....  .....

Bookmarks:  #.....  .....

Email to send draft: .....

Framed Photo / Photo Board:    .....

Photo slide show:  #.....  .....

Recording of service:  #.....  .....

Live Streaming:   .....

Catering/Refreshments:  #.....  .....

**Newspaper Notices:**

Sunlive / NZ Herald / BOP Times In: .....

Headers: #..... / #..... Reflection:.....

Other: Papers:..... Out:.....

Date to place:..... Background:.....

Donation box at the service:  Yes  No .....

**Viewing:**  Yes  No  Body care .....

*If yes, at:*  Funeral home  Family home  Other .....