Contacts

Main Contacts	「「「「「「」」
Doctor and Medical Practice	
Will is held by	
Executor of will	
Contact number	Little / Without
Email	
Postal address	P/C
Next of kin (if different from executor)	
Contact number	
Email	
Postal address	P/C
Account holder	
Contact number	
Email	
Postal address	P/C
Authorised loved ones	
(those who have permission to collect ashes, death certificate, jewellery, and any other	belongings)
I will be applying for WINZ ACC Life Insurance	
Notes	
Confirmation of Accuracy I have proof read the spelling and checked all of the information provid To the best of my knowledge, I believe it is accurate and correct. Name Signature	ded in this booklet.
Hope Family Funerals respects your privacy, and will only use the inform purposes for which it has been acquired.	mation provided for the



07 543 3151 info@hopefunerals.co.nz Family Funerals hopefunerals.co.nz



Hope
Family FuneralsPersonal Details and
FuneralsFamily FuneralsFuneral Wishes

Surname	
Sundine	
First Name(s) at birth (if different)	
Surname at birth (if different)	
Phone	
Email	
Postal Address	
	Postcode
Date Completed	

Personal Details

Information required by Births, Deaths and Marriages for the death certificate

Date of Birth Town/0	City of Birth
Country of Birth	Year of arrival if born overseas
Gender Male Female Other	NZ Maori Descent? Yes Na
Ethnicity NZ European Maori	Other
Main Occupation prior to retirement	
Childrens ages Oldest to youngest. If a chil	d has passed, please put their age at death followed by D
(Legally adopted children included - Whang	ai children to be included on birth parents certificate)
First name and birth date of each daugh	ter
First name and birth date of each son	
Parents (Adoptive parents if applicable	e)
Mothers first name(s)	
Mothers most recent surname	
Mothers surname at her birth	
Mothers Occupation	
Fathers first name(s)	
Fathers surname	
Fathers occupation	
Current relationship status	
Married Spouse/partner deceased M	/larriage/civil union dissolved Permanently separated
Never in a legal relationship De facto	Separated from De facto Civil Union
Most recent relationship	
Age at marriage Place of	f marriage
Spouse/Partner full name prior to marria	ge
DOB of Spouse (if living)	Male Female
Previous relationship Marriage	Civil Union de Facto
Age at Marriage Place of Mar	riage (Town/Country)
Spouse full name before marriage	
DOB of Spouse (if living)	Male Female

Funeral Wishes

Burial Cremation	
Plot/Ash Plot Details	Urn choice
Cemetery	
Jewellery Keep on Return to	
Viewing Funeral Home Family Home	
Body Care	
Direct Cremation Farewell Funeral Service I	Vlemorial Tangi
Place of Service	
Date and time held	
Officiated by	
Casket	Purchase Hire
Casket to be In Place Carried In Carried out	Lowered
Hearse White Black Motorbike	
Casket Flowers	
Committal Petals Retrieve casket flo	wers?
Memorial Book	
Framed Photo	
Photo Slideshow	
Service Sheets #	
Email address to send draft	
Catering #	
Totara Lounge bar open?	
Livestream Recording	
Newspaper Notice	
Date to place Email proof to	
Hope website (free) Sunlive (free) BOP Times NZ Herald	
Music	
Carry in Carry out	
Photo Reflection	
Background music	
Do any of these apply?	
Justice of the Peace Marriage Celebrant hold a on-Military hor	nour/award RSA Participation
War Service Details:	