

Contacts

My Will is held by:

.....

 (.)

Executor of will:

.....
 Next of kin:

My Doctor is: *(name and practice)*

.....

Post AC, DC, condolence cards to:

.....

 Copy of AC to:.....

Email to send receipt:

.....

Do any of these apply to you?

I will be applying for WINZ / ACC / Life Insurance

Existing client or policy numbers:

JP or marriage celebrant Non military honour/award.....

RSA participation War Service details

Extra Notes:

.....

CONFIRMATION OF ACCURACY:

I have proof-read the spelling and checked all information provided in this booklet, and to the best of my knowledge, I believe that it is accurate and correct.

Name:..... Signature:

PRIVACY DISCLAIMER: Hope Family Funerals Ltd agrees to only use the information provided to them in this booklet for the purposes for which it has been acquired.

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Personal Details and Funeral Wishes of



First name(s):.....

Surname:.....

Name at Birth (if different)

First name(s):.....

Surname:

Usual Residential Address:

.....

Ph:(.)

Mobile:(.)

Email:.....

Today's Date:.....

Contact's Name & Address:

.....

 Relationship:.....

Ph:(.)

Mobile:(.)

Email:

NEWSPAPER NOTICE REQUIRED? YES / NO

Personal Details which will appear on the Death Certificate

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

Country of birth: NZ Otherif not NZ year of arrival:

Ethnic Group: NZ European Maori Other:.....

Are you descended from NZ Maori: Yes No

Gender: Male Female Other:.....

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:.....

Mother's most recent surname:.....

Mother's surname at her birth:

Mother's main occupation (before retirement) :

Father's full name:

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

Relationship status: (the details of all formal relationships are required by Internal Affairs)

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

Most recent relationship:

Age at marriage: Town/City 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: Town/City of Marriage:

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

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

My Funeral Wishes

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

If buried Cemetery/Urupa name:

Cemetery/Urupa physical address:.....

Plot details:

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

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

Who has authority to collect the D/C and / or ashes?:

Funeral / Memorial Service Yes No

Venue:.....

Day, Date and time of service:

Service taken by:

Style of coffin: Grosvenor Richmond Other.....

Colour of coffin: Rimu Mahogany White other.....

Hearse: Black White Charcoal Motorbike

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

Newspaper Notices: **Music/Hymns:**

Sunlive / NZ Herald / BOP Times In:

Headers: #...../ #..... Slideshow:.....

Other Papers: Out::

Date to place: Background:

Email to send draft newspaper notice and/or SS:

	YES	NO	FAMILY TO ARRANGE
I would like flowers on my casket: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Colours/type):			
Flowers to be retrieved? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petals to be placed on my casket: <input type="checkbox"/> #.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewellery/Clothing: <input type="checkbox"/> Keep on <input type="checkbox"/> Return to:			
Memorial book at the service: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service sheets: <input type="checkbox"/> #.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framed Photo / Photo Board: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo slide show: <input type="checkbox"/> #.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recording of service: <input type="checkbox"/> #.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Livestream: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catering/Refreshments: <input type="checkbox"/> #.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donation box / QR poster at the service: <input type="checkbox"/> No <input type="checkbox"/> Yes.....			

Viewing: Yes No Body care

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