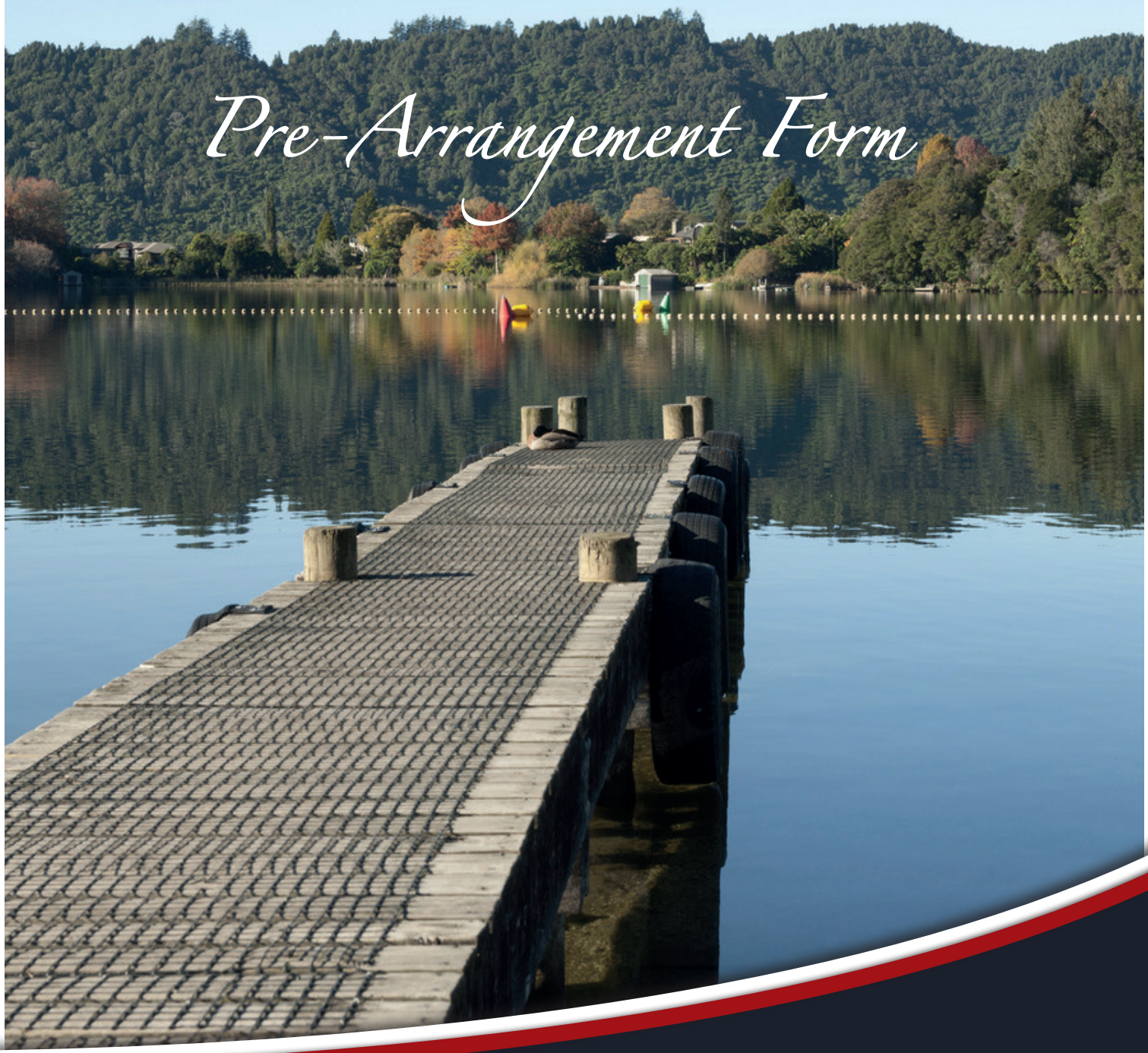
Collingwood
FUNERAL HOME

Pre-Arrangement Form

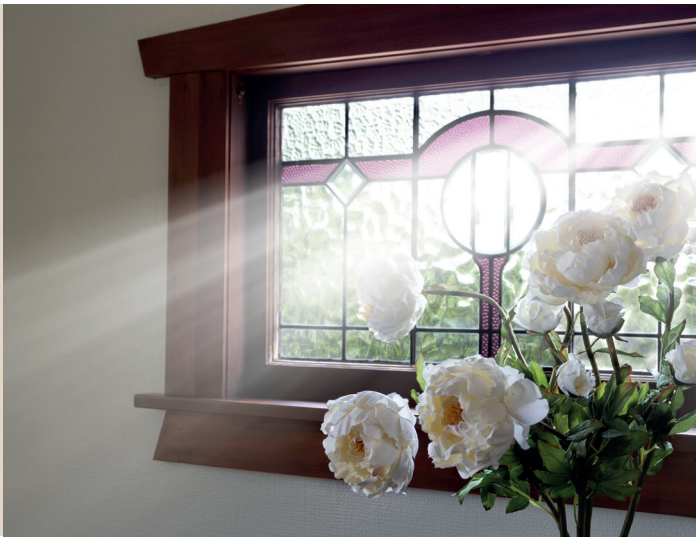


More and more people are choosing to plan ahead for their funeral with their instructions held on record by us and/or their solicitor or family.

If you would like to take the first step toward pre-arranging your funeral, you can complete this form.

Please note that while the form is comprehensive you need only complete as much as you wish. Similarly, if you feel like you need more information in order to complete the form to your requirements, then please contact us and we will do everything we can to assist.

Note: If you have already pre-arranged your funeral with another funeral firm, you can transfer to Collingwood Funeral Home simply by contacting us (07 347 0069).



Pre-Arrangement Form

Please complete only as much as you wish - you don't need to make all decisions now and you can change them at any time.

FUNERAL INSTRUCTIONS PREPARED BY

Name: .....

Email .....

Phone: .....

Address: .....

.....

.....

This funeral arrangement is for: Myself ☐ Someone Else ☐

If someone else, what is your relationship with this person? .....

These details are required by the registrar in order to provide a death certificate.

Name: .....

Maiden Name: *(if applicable)* .....

Gender: Male ☐ Female ☐

Date of Birth: ..... Place of Birth: .....

If place of birth is not New Zealand, how long have you lived in New Zealand? ..... Years

Address: .....

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

Ethnic Group: .....

CHILDREN'S AGES *(LIVING CHILDREN ONLY)*

Birth Date of Each Daughter: 1) ..... / ..... / ..... 2) ..... / ..... / ..... 3) ..... / ..... / .....

Birth Date of Each Son: 1) ..... / ..... / ..... 2) ..... / ..... / ..... 3) ..... / ..... / .....

PARENTS' DETAILS

Mother's Full Name: .....

Mother's Maiden Name: .....

Father's Full Name: .....

Mothers Occupation: ..... Fathers Occupation: .....

MARITAL STATUS

Married ☐ Never Married ☐ Partnered or De facto ☐ Widowed ☐

Civil Union ☐ Separated ☐ Marriage dissolved ☐

If married, complete the following details

The Spouse's Full Name: ..... Spouse's Age Now: .....

The Spouse's Maiden Name: *(if applicable)* .....

Applicant's Age at Marriage: ..... Place of Marriage: .....

If previously married, complete the following details

The Spouse's Full Name: ..... Spouse's Age Now: .....

The Spouse's Maiden Name:*(if applicable)* .....

Applicant's Age at Marriage: ..... Place of Marriage: .....

NEXT OF KIN DETAILS/EXECUTOR OF ESTATE

Executor(s)/Next of Kin: .....

Relationship: .....

Name of Solicitor: .....

Address of Solicitor: .....

Date of Last Will: ..... Will Held by: .....

Thank you for completing the form so far. The information requested from here on is not required by the registrar, but is useful for those organising your funeral service. Please only complete as much as you wish.

Funeral Type: Burial ☐ Cremation ☐

If burial, preferred cemetery: .....

If burial, is there an existing plot? Yes ☐ No ☐ If Yes, where: .....

Plot Number: ..... Name associated with plot: .....

If this is a pre-deceased Plot, please give Name and Date: .....

If cremation, any instructions for ashes: .....

.....

.....

Name of Funeral Director: ***Collingwood Funeral Home (Phone 07 347 0069)***

Church: *(please specify)* .....

Other: *(please specify)* .....

Religious Denomination: *(if any)* .....

Celebrant/ Clergy: .....

Hymns to be sung at the service: Yes ☐ No ☐

Favourite Hymns: .....

Music to be played at the service: Yes ☐ No ☐

Favourite Music: .....

Bible Readings, Poems or Literature to be read at the service? Yes ☐ No ☐

Favourite Readings, Poems or Literature: .....

(Form continues overleaf)

Were you a member of the Armed Services? Yes ☐ No ☐ Service Number: .....

Overseas/New Zealand Service: .....

Which War? .....

Unit or Regiment: .....

RSA to participate in the funeral? Yes ☐ No ☐

Favourite Flowers, for the casket spray: .....

In lieu of flowers, I would prefer donations to be made to: .....

.....

Viewing: Family Only ☐ No Viewing ☐ Open Viewing ☐

Casket Selection: .....

(*Visit www.westerncaskets.co.nz to see a comprehensive range of caskets)*

I would prefer a custom painted casket. My favourite colour is: .....

I would like the funeral/death notice(s) to be in the following papers: .....

.....

I would like the wording for the notice(s) to read: .....

.....

.....

.....

.....

.....

The Funeral Service is to be: Private ☐ Public ☐

Pall Bearers: .....

Other ideas to make the service personal to me: .....

.....

Refreshments After the Service: Yes ☐ No ☐

OTHER IMPORTANT INFORMATION

Name of Family Doctor: .....

Address of Family Doctor: .....

ADDITIONAL INFORMATION

.....

.....

Collingwood FUNERAL HOME

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