

Pre-Arrangement Form

Modern, refreshing and dignified Funeral Services

Collingwood
FUNERAL HOME

CELEBRATING LIFE *your* WAY



📞 07 347 0069

✉ office@collingwoodfuneralhome.co.nz

📍 1358 Eruera Street, Rotorua 3010

collingwoodfuneralhome.co.nz

Funeral Directors
ASSOCIATION OF NZ

MEMBER

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)
Deceased'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)
Deceased's Age at Marriage: Place of Marriage:

NEXT OF KIN DETAILS/EXECUTOR OF ESTATE

Executor(s)/Next of Kin:Relationship:.....
Address: Phone:.....
Name of Solicitor:
Address of Solicitor:

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:

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

.....

.....

