

PRE-ARRANGEMENT DETAILS



Please complete only as much as you wish. You can change the details at any time and you do not need to make all of the decisions now.

| PERSONAL DETAILS | | | | | |
|--|------------------|---------------------------------|-------------------------------------|------------------|---------------|
| Name: | | | | | |
| Email: | | | | | |
| Address: | | | | | |
| | | | | | |
| Phone: | | | | | |
| NEXT OF KIN DETAILS | | | | | |
| Next of kin: | | | | | |
| Relationship: | | | Phone: | | |
| Email: | | | | | |
| REGISTRATION DETAILS (Thes | se details are r | equired by Births [| Peaths and Marriages in order to re | egister a death) | |
| Full name: | | | | | |
| Surname at birth: (if applicable) | | | | | |
| Gender: □ Male □ Female | Date of birtl | h: | | | |
| Place of birth: | | | | | |
| If your place of birth is not in New Zea | aland, when did | d you arrive in New | Zealand to live? | | |
| Usual occupation: (before retirement) | | | | | |
| Ethnic group: | | | | | |
| | | | | | |
| CHILDREN'S DETAILS (Living, b | irth and adop | ted children only) | | | |
| Name and birth date of each daughter | | Name and birth date of each son | | | |
| | / | / | | / | / |
| | 1 | 1 | | 1 | 1 |
| | 1 | 1 | | 1 | 1 |
| | 1 | 1 | | 1 | 1 |
| PARENT'S DETAILS | | | | | |
| Mother's full name: | | | | | |
| Mother's maiden name: | | | | | |
| Mother's occupation: | | | | | |
| Father's full name: | | | | | |
| Father's occupation: | | | | | |
| MARITAL STATUS | | | | | |
| ☐ Married ☐ Civil union | □ Never in a | legal relationship | ☐ De facto relationship | ☐ Spouse / Par | tner deceased |
| ☐ Permanently separated ☐ | | l Union dissolved | 3 | | |



| Details of most recent marriage / union: | |
|---|---|
| Spouse's full name: | Relationship type: |
| Spouse's date of birth: (if living) / / | Spouse's maiden name: (if applicable) |
| Your age at marriage / union: | Place of marriage / union: |
| Details of previous marriage / union: | |
| Spouse's full name: | Relationship type: |
| Spouse's date of birth: (if living) / / | Spouse's maiden name: (if applicable) |
| Your age at marriage / union: | Place of marriage / union: |
| Details of previous marriage / union: | |
| Spouse's full name: | Relationship type: |
| Spouse's date of birth: (if living) / / | Spouse's maiden name: (if applicable) |
| Your age at marriage / union: | Place of marriage / union: |
| Were you a marriage celebrant, JP or any honours or awards held? □ | Yes □ No Details: |
| FUNERAL SERVICE BURIAL Preferred cemetery: Is there an existing plot? | Do you have any instructions for the ashes: |
| Bible readings, poems or literature you may like read at the service: Flowers on the casket? | Preferred flowers or colours? Service Number: |
| | |



| Details: | |
|--|--|
| | |
| | |
| Viewing options: ☐ Family only ☐ No viewing ☐ Open viewing | |
| Casket selection: (you can view the options on our website, or in our office at 33 North St, Timaru) | |
| Annual desiration and desiration and analysis of the second secon | |
| Any cultural / religious considerations or requests? | |
| I would like the funeral / death notice to be in the following newspapers: | |
| | |
| | |
| I would like the wording for the notice(s) to read: | |
| | |
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| | |
| | |
| In lieu of flowers, I would prefer donations to be made to: (optional) | |
| Pall bearers: | |
| | |
| Refreshments after the service: ☐ Yes ☐ No Location: | |
| Other ideas to make the service personal to me: | |
| | |
| | |
| | |
| | |
| | |
| OTHER IMPORTANT INFORMATION | |
| Name of family doctor: | |
| Trustee / Executor of your estate: | |
| Lawyer who holds your will: | |
| Do you have a prepaid funeral? ☐ Yes ☐ No Details: | |
| | |

Should you have any questions about this form or would like any advice, please do not hesitate to contact us at any time. You can give this form back to us at Betts or pass it to your next of kin or lawyer. Just make sure that someone knows you have taken the time to record your wishes to ensure they are carried out.

