



**LEGACY**  
*funerals*



Pre-arrangement form

# Pre-arrangement Details

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

## Personal Details

Name: .....

Email: .....

Address: .....

.....

Phone: .....

## Next of Kin Details/Executor of Estate

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

Relationship: ..... Phone: .....

Email: .....

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

Full 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

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

Ethnic Group: .....

## Childrens' Ages (Living Children only)

Birth Date of Each Daughter ...../...../.....

Birth Date of Each Son ...../...../.....

## Parents' Details

Mother's Full Name: .....

Mother's Maiden Name: .....

Father's Full Name: .....

## 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: ..... Date of Birth: .....

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

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

If previously married, complete the following details

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

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

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

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 Service

Funeral Type: Burial  Cremation

If burial, preferred cemetery: .....

If burial, is there an existing plot? Yes  No  If Yes, where?..... Plot Number: (if known).....

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

.....  
.....

Preferred Funeral Venue: Tauranga Park  Woodhill

Church: (please specify) .....

Other: (please specify) .....

Celebrant/Clergy: .....

Hymns: .....

.....

Music: .....

.....

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

Readings, Poems or Literature: .....

.....

Flowers for the casket spray: .....

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

Overseas/New Zealand Service .....

Rank: .....

Unit or Regiment: .....

RSA to participate in the funeral? Yes  No

Viewing Request:            Family Only             No Viewing             Open Viewing

Casket Selection: (view options on our website) .....

I would prefer a custom painted casket: (colour) .....

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

.....  
.....

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

.....  
.....  
.....  
.....  
.....

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

.....

The Funeral Service is to be:            Public             Private

Pall Bearers: .....

.....  
.....

Refreshments After the Service:            Yes             No             Where: .....

**Other Important Information**

Name of Family Doctor: .....

Address of Family Doctor: .....

**Other Ideas to make the service Personal to me:**

.....  
.....  
.....  
.....

**Making a lasting gift**

All profits from Legacy Funerals are distributed annually by the Legacy Trust™ for the good of your local community. Legacy Funerals is a member of the Funeral Directors Association of New Zealand (FDANZ).



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