



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.

Pre Arrangement Form

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. You don't have to make all the decisions now and you can change them at any time. Similarly, if you feel 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 Rosetown Funerals simply by contacting us.

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. / /

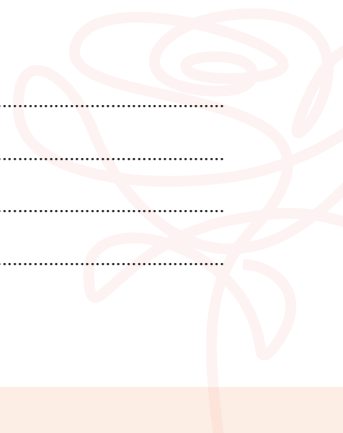
Parent's Details

Mother's Full Name.....

Mother's Maiden Name

Father's Full Name

Mother's Occupation..... Father's Occupation.....



Marital Status

☐ Married ☐ Never Married ☐ Partnered or De Facto ☐ Widowed
☐ Civil Union ☐ Separated ☐ Marriage Dissolved

If married, complete the following details:

Spouse's Full Name Date of Birth

Spouse's Maiden Name (if applicable)

Date of Marriage Place of Marriage

If previously married, complete the following details:

Spouse's Full Name Date of Birth

Spouse's Maiden Name (if applicable)

Date of 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 Details

Funeral Type ☐ Burial ☐ Cremation If burial, preferred cemetery

If burial, is there an existing plot ☐ Yes ☐ Cremation 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 - Rosetown Funerals

Church (please specify)

Other (please specify)

Religious Denomination (if any)

Celebrant/Clergy

Hymns to be sung at service ☐ Yes ☐ No

Favourite Hymns

Music to be played at service ☐ Yes ☐ No

Favourite Music

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

Favourite Readings, Poems or Literature

Armed Services

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

Overseas/New Zealand Service.....

Unit or Regiment

RSA to Participate in Funeral ☐ Yes ☐ No

Favourite Flowers, for the casket spray

I would like 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



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Office@rosetown.co.nz
www.rosetown.co.nz