

Pre-arrangement form.



Legacy

FUNERALS

Keep the story alive.



Personal details.

Date completed: _____

Full name: _____

Surname/family name/at birth: _____

Email: _____

Address: _____

Phone: _____

Next of kin details/executor of estate.

Next of kin/executor(s): _____

Relationship: _____

Phone: _____

Email: _____

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

Gender: _____

Date of birth: _____

Place of birth: _____

If place of birth is not New Zealand, how many years have you lived in New Zealand? _____

Usual occupation: (before retirement) _____

Ethnic group: _____

Children's ages.

Birth date of each daughter: _____

Birth date of each son: _____

Relationship status.

Married

Never married

Partnered or De facto

Widowed

Civil union

Separated

Marriage dissolved

If married, complete the following details.

Spouse's full name: _____

Spouse's date of birth: _____

Spouse's surname/family name/at birth: _____

Your age at marriage: _____

Place of marriage: _____

Date of marriage: _____

If previously married, complete the following details.

Spouse's full name: _____

Spouse's date of birth: _____

Spouse's surname/family name/at birth: _____

Your age at marriage: _____

Place of marriage: _____

Date of marriage: _____

Parents' details.

Mother's full name: _____

Surname/family name/at birth: _____

Father's full name: _____

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.

Have you prepaid your funeral? Yes No If so, with who: _____

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:

Legacy Tauranga Legacy Woodhill Legacy Papamoa Legacy Hamilton Legacy Cambridge

Other: (please specify) _____

Celebrant: _____

Music: _____

Readings, poems, literature to be read at the service: _____

Flowers for the casket spray: _____

Were you a member of the armed services? Yes No _____

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: (subject to availability)

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

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

The funeral service is to be: Public Private

Refreshments after the service

If so, where:

Service sheets

Slideshow

Service to be livestreamed and/or recorded

Other ideas to make the service special to me.

Other important information.

Name and practice of family doctor:

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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