



LEGACY
funerals



Pre-arrangement form

Pre-arrangement Details

Date Completed.....

Personal Details

Full Name:

Maiden Name: (if applicable)

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: Male ☐ Female ☐ Date of Birth:

Place of Birth:

If place of birth is not New Zealand, in what year did you move to New Zealand?

Usual Occupation: (before retirement)

Ethnic Group:

Children's Ages

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

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

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: Spouse's Date of Birth:

Spouse's Maiden Name: (if applicable)

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 Maiden Name: (if applicable)

Your Age at Marriage Place of Marriage Date of Marriage

Parents' Details

Mother's Full Name:

Mother's Maiden Name:.....

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 pre-paid 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: Tauranga Park ☐ Woodhill ☐ Legacy Gardens ☐

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 ☐

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 like donations to be made to:

The Funeral Service is to be: Public ☐ Private ☐

Pall Bearers:

Refreshments after the service: ☐ Where:.....

Service Sheets: ☐ Slideshow: ☐ Service to be Livestreamed and/or Recorded: ☐

Other ideas to make the service personal 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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