

SERVICE DETAILS

Burial/Cremation at _____

Ashes placement _____

Funeral Service at Church _____
Home _____

Funeral Home Chapel
Other location _____

DETAILS OF SERVICE AND ANY SPECIAL INSTRUCTIONS

Embalming options _____

Casket _____

Hymns and songs _____

Readings _____

Flowers etc _____

Broadway Funeral Home

Discretion and Confidentiality Assured

Short Street, Matamata, New Zealand
Telephone: (07) 888 8333 Facsimile: (07) 888 8334

188 Whitaker Street, Te Aroha, New Zealand
Telephone: 0800 862 273

Email: info@funeralhome.co.nz
Website: www.funeralhome.co.nz

Eco Funeral Planning



You may wish to plan ahead and record your preferences for your funeral service and burial or cremation. We are happy to discuss the options with you.

It is helpful to record certain details about yourself and your family to assist with the 'paperwork'.

This leaflet gives an outline of the basic information required. Keep a copy with other important papers, lodge one at our office and let your family know of your wishes.

Thank you for using a member of the Funeral Directors' Association of NZ. Look for the FDANZ logo.



Caring Funeral Professionals

Broadway Funeral Home

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The funeral wishes of:

Surname _____ First names _____

Name at birth _____
(if different from above)

Date of birth _____ No of years in NZ _____

Place of birth _____

Home address _____

Phone number _____

Occupation before retirement _____

Ethnic group _____ Maori descent _____

Civil honours _____
(eg JP, OBE, Marriage Celebrant etc)

Name of next of kin _____

Address of next of kin _____

Family information required by Registrar of Births, Deaths and Marriages

YOUR CHILDREN (NAMES AND DATES OF BIRTH)

Daughters _____

Sons _____

YOUR PARENTS

Mother (full name) _____

Mother's maiden name (if different) _____

Mother's usual occupation _____

Father (full name) _____

Father's name at birth (if different) _____

Father's usual occupation _____

YOUR RELATIONSHIP STATUS

Current relationship status

Married

In a Civil Union

Spouse/partner deceased

In a defacto relationship

Marriage/Civil Union dissolved

Permanently separated
(from a marriage or a civil union)

Separated from defacto relationship

Never in a legal relationship

If currently married

To whom married _____

Spouse's date of birth _____ Your age at marriage _____

Place of marriage _____

Previous marriage (1)

To whom married _____

Spouse's date of birth _____ Your age at marriage _____

Place of marriage _____

Previous marriage (2)

To whom married _____

Spouse's date of birth _____ Your age at marriage _____

Place of marriage _____

(if there have been other marriages, please write the details on a separate sheet of paper and attach)

OTHER IMPORTANT INFORMATION

Name and address of family doctor _____

Name and address of solicitor and/or executor/s _____

Date of last Will _____ Will held by _____