

## FOR YOUR OWN RECORDS

My Solicitor or Executor is .....

My Will is .....

My Bank Account(s) are .....

A contact for emergencies is .....

Clubs/Organisations that I belong to are .....

.....

.....

List here any other relevant information .....

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*The funeral service is for the living because it enables family and friends to gather to express their feelings. It is a time to pay tribute, reflect on the memories, gain strength from others and begin to accept one of life's many changes.*



# Broadway Funeral Homes

*Discretion and Confidentiality Assured*

## PRE-ARRANGEMENT RECORD

*For Funeral Arrangements*

*Record your own wishes for  
Family to follow*



Main Office and Chapel: Short Street, Matamata  
Tel: (07) 888 8333 Fax: (07) 888 8334  
Te Aroha Office: 188 Whitaker Street, Te Aroha Tel: 0800 862 273  
E mail: info@funeralhome.co.nz Web: www.funeralhome.co.nz

**THESE DETAILS ARE REQUIRED FOR REGISTRATION  
AT THE TIME OF THE DEATH**

Your Name (*in full*).....  
 Name at Birth (*if different from now*).....  
 Current Address .....  
 Date of Birth ..... Date arrived in NZ (*if applicable*).....  
 Place of Birth.....  
 Usual or Past Occupation .....

**Your Marital Status** (*please circle*)  
 Married                      Widowed                      Marriage Dissolved or Divorced  
 De-Facto                      Never Married                      Permanently Separated

**Please fill in the following details**

	Age at Marriage	Place of Marriage	Spouse's Full Name	Spouse's Age Now
Current Marriage	.....	.....	.....	.....
Previous Marriage	.....	.....	.....	.....
Previous Marriage	.....	.....	.....	.....

**Details of your children**

Name	Date of Birth	Sex	Date of Death ( <i>if applicable</i> )
.....	.....	M/F	.....
.....	.....	M/F	.....
.....	.....	M/F	.....
.....	.....	M/F	.....
.....	.....	M/F	.....
.....	.....	M/F	.....
.....	.....	M/F	.....
.....	.....	M/F	.....
.....	.....	M/F	.....

**Details of your Parents**

Mother's Full Name .....  
 Mother's Maiden Name .....  
 Mother's Occupation .....  
 Father's Full Name .....  
 Father's Occupation .....

**Are you**

A Marriage Celebrant?                      Yes/No  
 A Justice of the Peace?                      Yes/No  
 Holder of an Honour or Award?                      Yes/No (*other than military decorations*)  
 If so, name of Honour .....

**Service Details**

Service to be held at .....  
 To be taken by                      Clergy / Celebrant (*please circle*)  
 Any Hymns .....

Or other Music .....

Special Flowers request .....

Wear own clothing                      Yes/No

Leave on any jewellery                      Yes/No

RSA Service No .....                      Service in .....

Flag required .....                      Tribute: .....

Followed by Burial / Cremation (*please circle*)  
 If Burial, please state where .....

Details of reserved grave (*if applicable*) .....

If Cremation, please state any wishes for ashes.....

**Any other special notes**

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 .....  
 .....