

Pre-arrangement form.



# Legacy

FUNERALS

*Keep the story alive.*

Legacy Funerals staff member to complete.

FreeDam Case #:

Full name:

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**Personal details.**

Date completed: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Full name: \_\_\_\_\_

Surname at birth: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Next of kin details/executor of estate.**

Next of kin/executor(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**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 and name of each daughter: \_\_\_\_\_

Birth date and name 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 (if living): \_\_\_\_\_

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 (if living): \_\_\_\_\_

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 (Pyes Pā)  Legacy Pāpāmoa

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

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Casket selection (subject to availability):

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

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

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The funeral service is to be:  Public  Private

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Refreshments after the service

If so, where:

Service sheets

Slideshow

Service to be livestreamed and/or recorded

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**Other ideas to make the service special to me.**

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**Other important information.**

Name and practice of family doctor:

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**Making a lasting gift.**

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).



*Keep the story alive.*

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