

Haven Funeral Services Ltd

32 William St, P. O. Box 147, Huntly. Ph 07 828 7629
info@havenfunerals.co.nz

*We suggest that when you have filled this form in and had a discussion with a funeral director ...
please nominate and tell a family member of your plans, and where the form will be kept (one copy to funeral director).
This will ensure that your wishes will be honoured when our family serves yours ...*

Funeral Pre-Arrangement Information

Personal Details:

Full Name: (Mr/Mrs/Ms/Miss).....
Address:
Phone: (Home)(Mobile).....
Occupation (prior to retirement):
Returned Service Number..... Rank..... Division.....
JP / QSM Award:
Nationality: NZ European / Maori /Are you descended from a NZ Maori: Yes / No
Date of Birth/...../..... Year came to NZ if not born here:
Place of Birth: (Town).....(Country).....
Mothers Full name:
Mothers Maiden name:
Mothers Occupation:(prior to retirement)
Fathers Full Name:
Fathers Occupation:.....(prior to retirement)

Relationship Details:

Relationship Status: Never Married / Married / Civil Union / De Facto / Widowed / Separated / Divorced
Age at time of Marriage/Civil Union:.....(or date of Marriage/Civil Union).....
Town of Marriage/Civil Union:.....
Partners full name:(date of birth).....
Partners maiden name:
Name/Date of Birth – Daughters:.....
Name/Date of Birth – Sons:

Previous Relationship Details:

Age at time of Marriage/Civil Union:.....(or date of Marriage/Civil Union).....
Town of Marriage/Civil Union:.....
Partners full name:(date of birth).....
Partners maiden name:
Name/Date of Birth – Daughters:.....
Name/Date of Birth – Sons:

*** If children deceased: show with a "D" after their details ***

Funeral Requests:

Burial:

Interred at:

OR

Cremation:

Ashes Placement: Interred / Scattered at:

Service held at:

Donations to:

Other Special Requests:

eg: Clergy/Celebrant, Flowers, Type of Casket, Songs, Music, Readings and Poems:

Celebrant / Minister

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.....
.....
.....
.....
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.....

Next of Kin, Executor etc

Next of Kin Name:

Address:

Phone: (Home)(Mobile).....

E-mail address:

Relationship:.....

Account to:

Solicitor/other:

Address:

Phone:E-mail address:

Prepaid Funeral Plan with: