

**Funeral Planning Checklist**

**Date:** \_\_\_\_\_



**Funeral Instructions prepared by**

Name: \_\_\_\_\_

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

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

This funeral arrangement is for?                      Myself                      Someone else                      *(please circle one)*

If someone else, please state your relationship to this person: \_\_\_\_\_

**The following information is required to obtain a death certificate**

**Personal details**

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

Maiden name (if applicable): \_\_\_\_\_ Gender: Male / Female / \_\_\_\_\_

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

Usual occupation (before retirement): \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

If country of birth is not New Zealand, date you arrived in New Zealand? \_\_\_\_\_

War Service:      War: \_\_\_\_\_      No: \_\_\_\_\_      Rank: \_\_\_\_\_      Unit: \_\_\_\_\_

JP or Marriage Celebrant:      Yes / No      Honours held:      Yes / No      Details: \_\_\_\_\_

- Mother's Full Name: \_\_\_\_\_ / Occupation \_\_\_\_\_
- Mother's Maiden Name: \_\_\_\_\_
- Father's Full Name: \_\_\_\_\_ / Occupation \_\_\_\_\_

**Relationship status at death and age of children**

*Married    Never Married    Partnered/De facto    Widowed    Civil Union    Separated – Marriage / Civil Union    Marriage Dissolved*

- Age at time of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_
- Spouse's full name: \_\_\_\_\_
- Spouse's maiden name (if applicable): \_\_\_\_\_

*If previously married, complete the following details – for 4<sup>th</sup> relationship information, refer to separate page.*

- Age at time of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_
- Spouse's full name: \_\_\_\_\_
- Spouse's maiden name (if applicable): \_\_\_\_\_
- Age at time of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_
- Spouse's full name: \_\_\_\_\_
- Spouse's maiden name (if applicable): \_\_\_\_\_

*Name and Birth dates of children (\*denotes deceased, include aged at death)*

Daughter/s      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Son/s \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Personal wishes regarding the funeral service

Prepayment: Yes / No If yes, details \_\_\_\_\_

Burial / Cremation (please circle) Embalming: Yes / No \_\_\_\_\_

If burial, preferred cemetery: \_\_\_\_\_

Details of plot, if already obtained: \_\_\_\_\_

If cremation, wishes regarding placement of ashes: \_\_\_\_\_

Preferred funeral director: \_\_\_\_\_

Funeral service venue: \_\_\_\_\_

Funeral service to be Public / Private / Memorial / No service: \_\_\_\_\_

Who do you wish to officiate? \_\_\_\_\_

Casket selection: \_\_\_\_\_

Viewings: Family only No viewings Open viewing Other \_\_\_\_\_

Colour and preference/s for casket flowers: \_\_\_\_\_

Pall bearers: \_\_\_\_\_

I would like the funeral / death notice to be in the following paper/s: \_\_\_\_\_

I would like the wording for the notice to include (additional information on separate page): \_\_\_\_\_

In lieu of flowers, I would prefer donations to be made to: \_\_\_\_\_

- Service sheet required: Yes / No

Information / details / photos to be included: \_\_\_\_\_

- Eulogy / Speakers: Yes / No Have I pre-prepared information? Yes / No

Preferred speakers: \_\_\_\_\_

- Music / Hymns to be played at the service: Yes / No

Favourite Music / Hymns: \_\_\_\_\_

- Poems / Bible readings / Literature to be read at the service: Yes / No

Favourite Poems / Bible readings / Literature: \_\_\_\_\_

- Service to be recorded/videoed: Yes / No Service to be livestreamed: Yes / No

Details: \_\_\_\_\_

- Refreshments after the service: Yes / No Approximate number: \_\_\_\_\_

Details: \_\_\_\_\_

Other wishes / ideas to make the service personal to me: \_\_\_\_\_

Next of kin:

Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

**Lawyer:**

Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

*This form has been produced to enable a person to record and express their personal wishes regarding their funeral. It is suggested that once the form is completed, a copy be placed with your will, put with your private papers, given to a family member/friend or left with the Funeral Director where it is kept in the strictest of confidence. Wherever you decide to keep this information, it is important that you advise your next of kin or trustee / executor.*

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## List of contacts

Below is a list of organisations which may need to be contacted. This list will assist in the finalising of my estate.

### Professional organisations

	Contact	Business	Phone
<input type="checkbox"/>	Executor of will	_____	_____
<input type="checkbox"/>	Doctor	_____	_____
<input type="checkbox"/>	Lawyer	_____	_____
<input type="checkbox"/>	Public Trust	_____	_____
<input type="checkbox"/>	Accountant	_____	_____
<input type="checkbox"/>	Dentist	_____	_____
<input type="checkbox"/>	Chemist	_____	_____
<input type="checkbox"/>	Specialist/Hospital	_____	_____

### Employer

<input type="checkbox"/>	Employer 1	_____	_____
<input type="checkbox"/>	Employer 2	_____	_____

### Finances

	Organisation	Account	Reference / Contact
<input type="checkbox"/>	Bank 1	_____	_____
<input type="checkbox"/>	Bank 2	_____	_____
<input type="checkbox"/>	Financial Provider 1	_____	_____
<input type="checkbox"/>	Financial Provider 2	_____	_____
<input type="checkbox"/>	Landlord	_____	_____

### Government

<input type="checkbox"/>	Inland Revenue	IRD number _____	Kiwi Saver: Yes / No	Student Loan: Yes / No
<input type="checkbox"/>	Electoral roll	_____		
<input type="checkbox"/>	Work and Income	Client number _____		
<input type="checkbox"/>	Council rates	Number/s _____		
<input type="checkbox"/>	Vehicle	Car registration/s _____		

### Services

	Name	Phone	Reference
<input type="checkbox"/>	Funeral Cover	_____	_____
<input type="checkbox"/>	Insurance - contents	_____	_____
<input type="checkbox"/>	Insurance - house	_____	_____
<input type="checkbox"/>	Insurance - car	_____	_____

- Insurance - medical \_\_\_\_\_
- Insurance – life \_\_\_\_\_
- Insurance – other \_\_\_\_\_

**Utility Providers**

	Name	Phone	Reference
<input type="checkbox"/> Cell phone	_____	_____	_____
<input type="checkbox"/> Landline phone	_____	_____	_____
<input type="checkbox"/> Electricity	_____	_____	_____
<input type="checkbox"/> Gas	_____	_____	_____

**Investments**

- Bonus bonds \_\_\_\_\_
- Kiwi Saver \_\_\_\_\_
- Superannuation \_\_\_\_\_
- Mortgage \_\_\_\_\_
- Other \_\_\_\_\_

**Registration Board / Professional Bodies**

Organisation	Contact person	Phone
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

**Church / Religious Organisations / Clubs / Sports Groups / Social Activities / Businesses**

Organisation	Contact person	Phone
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

**Other Contacts**

Organisation

Contact person

Phone

Reference

\_\_\_\_\_

\_\_\_\_\_

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