

Funeral Information

By recording the information and funeral details that you would like included in your funeral service, the burden on others is eased and your requests are made known.

I wish my funeral to be held at:

The person I would like to conduct my service is:

I wish to be cremated / buried.

If cremation, I would like my ashes placed/scattered at:

If burial, I would like to be buried at:

If you wish to choose your casket it is recommended that you visit our display room at our premises.

My chosen casket is:

Instructions regarding personal jewellery are:

I would like notices placed in the following newspapers:

I would like donations (if any) to go to:

RSA participation in your service? Yes / No

Are you a member of any Lodge/Societies? Yes / No

Any further requests/information (eg songs, poems, flowers etc.)

Marlborough's Only Locally Owned Funeral Home Caring For You And Your Loved Ones

The Team at Cloudy Bay Funerals



Ryan Pigou, Katy Campbell, James Galloway, Jo Renner, David Buckley, Ann Buckley, Janice Pigou, Gwenda Cavanagh, Steve Scaife

“Caring for Families in Our Community”

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Funeral Directors

ASSOCIATION OF NZ

MEMBER

Locally and Family Owned
David and Ann Buckley



**Pre-Planning
Your Funeral**

Personal Profile

(This information is required by law at the time of death and the relevant information will be printed on the legal death certificate)

First Names: _____

Surname: _____

Address: _____

Your Birth Date: _____

Your Birth Place: _____

Country if not NZ: _____

Year emigrated to New Zealand: _____

Are you Male / Female _____

Ethnic Origin: _____

Are you a descendant of a NZ Maori? Yes / No _____

Your Occupation (if retired please state most recent): _____

Your Phone Number: _____

Medical Centre where registered: _____

Full Name of Mother and her occupation: _____

Mother's Maiden Name: _____

Full name of Father and his occupation: _____

Did you serve in a theatre of conflict? Yes / No _____

Reg. No: _____

When & Where served: _____

Do you hold any title, e.g. JP, MBE: _____

Current Relationship Status: (please circle)

Married De Facto Civil Union

Never In A Legal Relationship Spouse/Partner Deceased

Marriage/Civil Union Dissolved Permanently Separated

1. Most recent marriage or relationship:

Spouse/Partner's Name & Gender (use Maiden name only) _____

Date of birth of spouse/partner (if living) _____

Town/City where Married: _____

Your Age at time of Marriage: _____

2. 2nd most recent marriage or relationship

Married De Facto Civil Union

Spouse/Partner's Name & Gender (use Maiden name only) _____

Date of birth of spouse/partner (if living) _____

Town/City where Married: _____

Your Age at time of Marriage: _____

3. 3rd most recent marriage or relationship

Married De Facto Civil Union

Spouse/Partner's Name & Gender (use Maiden name only) _____

Date of birth of spouse/partner (if living) _____

Town/City where Married: _____

Your Age at time of Marriage: _____

Living Daughters' Dates of Birth: _____

Living Sons' Dates of Birth: _____

Contact Person: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Date: _____

Why Pre-plan?

Death is a reality of life that many of us find hard to accept or come to terms with and so we often go through life trying to ignore death, in the hope that it will not happen. Consequently, when it does happen we can be unprepared for the important decisions and arrangements that need to be made.

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Where to from here?

After completing this form, keep a copy in a secure location with your personal documents and inform at least two trusted individuals where it can be found. If you prefer, we can store the information for you until it is needed. In that case, we recommend letting someone close to you know that we are holding this information on your behalf.

If you require assistance, please feel free to contact us and we will be more than happy to make arrangements to meet with you, even in the comfort of your own home if necessary.

Now enjoy life!