

Planning the last dance...



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This document is can be used as a planning form for those that are carrying out your wishes for your farewell from our little blue speck, or as place to note down some of the important things that might otherwise go unwritten. The first two pages contains information that will be recorded on your Registered Death Certificate issued by the Department of Internal Affairs upon your passing. The rest of the document is about the 'real' you. Not who you are legally, but some of the things that make you human, it will hopefully invoke some thought and even discussion for those that have loved you in life.

Personal Details

This information is submitted to the Department of Internal Affairs and recorded by the registrar of Births, Marriages and Deaths.

Name:

Usual Address:

Email:

Phone Number:

Date of Birth:

City / Country of Birth:

If **not** born in New Zealand, number of years here:

Usual occupation, profession or job:

Surname or Family Name at Birth (if different from above):

Are you a Marriage or Civil Union Celebrant? Yes No

Are you a Justice of the Peace? Yes No

Do you hold an honour or award? (do not include military decorations) Yes No

Name of honour or award:

Ethnicity

NZ European

Samoan

Cook Island Maori

Chinese

Māori

Tongan

Niuean

Indian

Other:

Family Details

Relationship type: Marriage Divorced De facto Civil Union

Most recent spouse or partners full name: **Date of Birth** **Male or Female**

_____ _____ **M / F**

Children

1. _____ _____ **M / F**

2. _____ _____ **M / F**

3. _____ _____ **M / F**

4. _____ _____ **M / F**

5. _____ _____ **M / F**

6. _____ _____ **M / F**

Parents

Mothers Full Name: _____

Mothers Maiden Name: _____

Mothers usual occupation or profession: _____

Fathers Full Name: _____

Fathers Family Name at Birth (if different from above): _____

Fathers usual occupation or profession: _____

Legal Information

Do you have an up-to-date Last Will and Testament? Yes No

Solicitors Name: _____

Firm: _____

Email: _____ Phone Number: _____

Estate Executor: _____

Name of Enduring Power of Attorney: _____

Email: _____ Phone Number: _____

Pre-paid Funeral Policy? Yes No

Company Name: _____

Type of Policy: _____

Policy Number: _____

Life Insurance Policy? Yes No

Company Name: _____

Policy Beneficiary: _____

Policy Number: _____

Cemetery Details

Name of Cemetery: _____

Address: _____

Name of Burial Rights Holder: _____

Burial Rights Certificate Number: _____

Plot Details

New Re-open

Ashes: Scatter Inter (bury)

Plot Location: Area/Section: _____

Block: _____

Row: _____

Plot No.: _____

Your Memoirs...

What hospital where you born in?

What are some of the earliest memories you have?

Do you have a favourite house when you were a child?

Do you have a favourite pet?

Did you collect anything unusual?

What schools did you attend?

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Who was your first kiss and where?

Your Memoirs - Continued...

What things in your life really brought you joy?

What was the most mischievous thing you did and never got caught for?

What's one piece of wisdom you want to leave behind with your loved ones?

If you had your time again is there anything you would have done differently?

What was your favourite song or piece of music and why?

Do you have a favourite photo, piece of art or movie?

What was your favourite game to play as a kid?

Where was your favourite place to visit as a grown up?

What could you not get enough of?

Your Memoirs - Continued...

Do you have a favourite flower?

Have you discussed your End of Life planning with anyone, and if so who?

How do you feel about this part of your life?

Do you need any help or anyone to talk to about it? Yes No

Do you find it easy to talk about? Yes No

Do you have a faith or religious beliefs, if so can you describe what they are and why they are important to you?

Funeral or Memorial Service Details

Pre-service viewing: Yes No

Venue Name:

Venue Address:

Venue Contact Person:

Contact Phone Number:

Time Preference:

Officiator, Minister or Celebrant's Name:

Contact Number:

Email Address:

Songs:

1.

2.

3.

Speeches:

1.

2.

3.

4.

Poetry and Readings:

1.

2.

3.

Items:

1.

2.

Funeral or Memorial Service Details - Continued...

Pre-recorded Messages? Yes No

Written messages to be read? Yes No

Preferred speaker for the eulogy? Yes No

Name: _____

Pall Bearer's Names:

Contact Numbers:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Procession Leader (Optional): _____

Private Committal: Yes No

Reception, Hakari or Wake: Yes No

Reception Venue Name: _____

Venue Address: _____

Venue Contact Person: _____ Contact Phone Number: _____

Documentation

Please provide the name and address of the person you wish to receive your Registered Death Certificate and any other documentation gathered subsequent to your passing.

Name: _____

Postal Address: _____

Email: _____ Phone Number: _____

