



THESE ARE MY WISHES WHEN I DIE

I, _____ have thought about what I want to happen to me - who I want to take care of my funeral arrangements, how I want my body to be cared for & where I will end up.

I appoint _____ to take care of my funeral arrangements.

Phone: _____ Email: _____

MY WISH IS TO BE

buried

- checkbox Natural burial at: _____ cemetery
checkbox Conventional burial at: _____ cemetery
checkbox there is a family plot
FIND OUT WHO HAS THE DEED

cremated

- checkbox My ashes to be scattered - where: _____
checkbox My ashes to be kept by: _____
checkbox My ashes to be interred at: _____ cemetery
checkbox My ashes to be divided - what proportion & given to whom: _____

Type of coffin: _____

consider: natural solid wood | made by family | decorated by family | shroud | traditional style

MY BODY CARE

natural body care

- checkbox On my death, I would like to be washed & dressed by my close family & friends
checkbox I would prefer to stay or come home & be kept cool with ice packs until the day of my funeral
checkbox I understand that it may be necessary to close my coffin early
checkbox I do not wish to come home but be kept in a CoolCare until the day of my funeral

alternative body care

- checkbox On my death, I wish to be embalmed
checkbox I would like to be dressed by my close friends and family
checkbox I wish to be brought home until the day of my funeral
checkbox I would prefer to stay at the funeral home until the day of my funeral

clothing

I wish to be dressed in: _____

I would like to have these things with me: _____

viewing

- checkbox I am happy to be visited & viewed by family & friends
checkbox I do not want to be viewed after my death by family or friends

Comments: _____

MY FUNERAL SERVICE

Type of funeral: _____
consider: religion | secular | daytime or evening funeral | private burial or cremation | memorial service | no funeral

To be held at: _____
consider: home | garden | club rooms | village hall | church | funeral home chapel | local crematorium

Minister / Celebrant: _____ Contact: _____
consider: family member | work colleague | friend

Hymns or songs: _____

Readings & poems: _____

Speakers: _____

Music: _____

Photoshow: _____
consider: selecting your photos or video footage

AudioVisual Recording or LiveStreaming: _____

Flowers: _____
consider: garden flowers | native foliage | herbs or vegetables | my favourite florist

Charitable donations: _____

Announcement: _____
consider: which newspapers | social media | none

After-funeral event venue: _____

Catering: _____
consider: bring a plate | booking a restaurant | a picnic or BBQ | caterers

Vehicle: _____
consider: a funeral hearse | family vehicle | being carried

BUDGET

I have an insurance | funeral | savings plan to cover all costs with: _____

I want to keep all costs to a minimum

Additional choices and instructions:

FULL NAME: _____ DATE: _____

SIGNED: _____

WHEN YOU HAVE COMPLETED THIS FORM, GIVE A COPY TO THE PERSON
MOST LIKELY TO ARRANGE YOUR FUNERAL AND / OR YOUR LEGAL ADVISOR

ALSO CONSIDER FUTURE PROOFING YOUR HEALTH AND END OF LIFE CARE BY CREATING AN ADVANCE CARE PLAN (ACP)

IF YOU NEED FURTHER INFORMATION CONTACT US AT
INFO@BROADBENTANDMAY.CO.NZ OR 04 974 5076