

# my funeral plan

## 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

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

#### cremated

- My ashes to be scattered - where: \_\_\_\_\_
- My ashes to be kept by: \_\_\_\_\_
- My ashes to be interred at: \_\_\_\_\_ cemetery
- 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

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

#### alternative body care

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

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

Comments: \_\_\_\_\_

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## 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



# YOUR REGISTRATION DETAILS

THE INFORMATION REQUESTED BELOW IS REQUIRED TO REGISTER A DEATH WITH BIRTHS, DEATHS & MARRIAGES

YOUR FIRST OR GIVEN NAMES: ..... SURNAME: .....

RESIDENTIAL ADDRESS: .....

NAME AT BIRTH: ..... MAIDEN NAME: .....  
IF DIFFERENT FROM ABOVE IF APPLICABLE

DATE OF BIRTH:     /     /

PLACE OF BIRTH: ..... TOWN ..... COUNTRY: ..... IF NOT NEW ZEALAND

YEARS LIVED IN NEW ZEALAND: ..... ETHNIC GROUP: .....

DESCENDANT OF NZ MAORI: YES / NO

PROFESSION / OCCUPATION: ..... PREVIOUS TO RETIREMENT

ARE YOU A: JUSTICE OF THE PEACE: YES / NO MARRIAGE CELEBRANT: YES / NO

DO YOU HOLD AN HONOUR OR AWARD: YES / NO TITLE: .....

## YOUR PARENTS

NAME OF YOUR FATHER:..... OCCUPATION: ..... PREVIOUS TO RETIREMENT

NAME OF YOUR MOTHER:..... OCCUPATION: ..... PREVIOUS TO RETIREMENT

YOUR MOTHER'S MAIDEN NAME: .....

## YOUR CHILDREN

AGES OF EACH SON: ..... IF A SON HAS DIED, ENTER AGE AT DEATH AND 'D'

AGES OF EACH DAUGHTER: ..... IF A DAUGHTER HAS DIED, ENTER AGE AT DEATH AND 'D'

## YOUR LEGAL RELATIONSHIPS

MARRIED / WIDOWED / DIVORCED / SEPARATED / DE-FACTO / CIVIL UNION / SINGLE

PLACE OF MARRIAGE OR CIVIL UNION: ..... MOST RECENT

TO WHOM: ..... SURNAME: ..... WHEN RELATIONSHIP FORMALISED

YOUR AGE AT MARRIAGE OR CIVIL UNION: ..... CURRENT AGE OF SPOUSE: .....

PLACE OF MARRIAGE OR CIVIL UNION: ..... SECOND MOST RECENT

TO WHOM: ..... SURNAME: ..... WHEN RELATIONSHIP FORMALISED

YOUR AGE AT MARRIAGE OR CIVIL UNION: ..... CURRENT AGE OF SPOUSE: .....