

MY FUNERAL DETAILS:

Name of kin/ executor making the arrangements: _____

Address: _____ Phone: _____

Name of Solicitor/ person holding will: _____

Address: _____ Phone: _____

Name of Employer: _____

Name of Doctor: _____

Name of the Funeral Director: _____

Is the funeral pre-arranged: Yes No Pre-paid: Yes No

Preferred Priest/ Clergy/ Celebrant: _____

Venue of service: _____ Casket choice (if known): _____

Tick one: Burial Cremation Plot: None New Single/ Double Re-open

Preferred Cemetery/ Crematorium: _____

Ashes placement: Scatter Interment Flowers preferred: _____

In lieu of flowers, donations to: _____

Who would you like to speak/ do a reading: _____

Special readings for the service (from the bible, verse, books): _____

Music preferences for the service: _____

Hymn or song choices for the service: _____

Who would you like to be pallbearers (optional): _____

Any special instructions: _____

List names, addresses & phone numbers of next of kin to be informed: _____

List names, addresses & phone numbers of friends, relatives, clubs, organisations etc you would like contacted: _____

FOR ANY QUESTIONS YOU MAY HAVE OR IF YOU'D LIKE US TO KEEP A COPY OF THIS FORM ON FILE FOR YOU PLEASE CONTACTS US:

SOUTH TARANAKI FUNERAL SERVICES

268 High Street, Hawera 4610 | Phone. (06) 278 8088 | Email. staff@stfs.co.nz | www.southtaranakifunerals.co.nz

SOUTH TARANAKI FUNERAL SERVICES. A MEMBER OF THE FUNERAL DIRECTORS ASSOCIATION OF NEW ZEALAND.