## Funeral information form

This document can be completely electronically and returned to us via email, or you can print out, complete and mail back to us.

office@affinityfunerals.co.nz

Affinity Funerals PO Box 387, Alexandra 9340



## **Personal details**

Full name:							
Full name at birth	ר:						
Date of birth:		Place	Place of birth:				
Street address:							
Suburb:	То	wn/City:		Postcode:			
Occupation:							
Ethic group:		Iwi af	ffiliation:				
Nationality:							
If not born in New Zealand, year of arrival in New Zealand:							
Father's full name:							
Father's occupation:							
Mother's full name (incl maiden):							
Mother's full name at birth:							
Mother's occupation:							
First marriage/civil union (to whom):							
Age married:			Place of marriage:				
Your spouse's date of birth:							
Living son's date/s of birth:							
Deceased son's age (at time of death):							
Living daughter's date/s of birth:							
Deceased daughter's age (at time of death):							
Second marriage	/civil union (to v	vhom):					
Age married:			e of marriage:				
Your spouse's dat	e of birth:						
Relationship status:							
Married	Civil Union	De Facto	Separated	Divorced			
Single	Partner decea	sed					

## If you have a will, which legal firm is it held with?

Will Executor nam	ne:						
Cremation	Burial	New Plot		Existing	J	Pre-paid Funeral	
Which cemetery:							
Funeral venue:	Affinity Cha	pel	Churcl	٦	Other:		
Service conducted	celebrant		Clergy	y Other:			
Contact details:							
Religion:							
Pall bearers names:							
Service number:			Oversea	IS	and/or	NZ Service	
Which war?		I	Rank:				
Unit or regiment:							
	_						
<b>Your wishes</b>							
Clothing:							

ciotining.	
Music/hymns:	
Photos/Slideshow:	
Readings:	
Flowers:	Donations to:
Catering:	
Casket:	
Ashes placement:	
Newspaper notice:	