



**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:

**PELLOWS FUNERAL DIRECTORS:**

138 Grey Sreet, Hamilton East, Hamilton 3216 | Phone: (07) 856 5129 | Fax: (07) 856 5132  
Email. staff@pellowsfunerals.co.nz | www.pellowsfunerals.co.nz

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