

[Living Children:](#)

Birthdate of Each Daughter:.....

Birthdate of Each Son:.....

[Parents](#)

Mother's Full Name:.....

Mother's Full Name at Birth:.....

Mother's Occupation:.....

Father's Full Name:.....

Father's Occupation:.....

Where the deceased was born as a result of an assisted human reproduction procedure (such as artificial insemination), the details should be completed as follows: (1) If the deceased's mother was married to, or in a civil union or de facto relationship with, a man who consented to the mother undergoing the procedure, that man's details should be entered. (2) If the deceased's mother was living in a civil union or de facto relationship with a woman who consented to the mother undergoing an assisted human reproduction procedure (such as artificial insemination) then enter the person's details. Her details will be shown on the death registration and death certificates as "Other parent" (instead of "Father").

[Marital Status](#) Married / In Civil Union / In a de facto relationship / Marriage / Civil Union dissolved / Spouse / Partner deceased / Permanently Separated from Marriage / Civil Union partner / Separated from de facto partner / Never in a legal relationship

Details of most recent relationship (if any)

Marriage / Civil Union / De facto relationship

Place Of Marriage/Civil Union

To Whom Married

Spouse/Partner Maiden Name

Age Of Informant/ Deceased at time of Marriage / Civil Union

Date Of Birth of Spouse/Partner

Sex of Spouse/Partner

Details of second most recent relationship

Marriage / Civil Union / De facto relationship

Place Of Marriage/Civil Union

To Whom Married

Spouse/Partner's Maiden Name

Age Of In formant/ Deceased at time of Marriage / Civil Union

Date Of Birth of Spouse/Partner

Sex of Spouse/Partner

Details of third most recent relationship

Marriage / Civil Union / De facto relationship

Place Of Marriage/Civil Union

To Whom Married

Spouse/Partner Maiden Name

Age Of Informant/ Deceased at time of Marriage / Civil Union

Date Of Birth of Spouse/Partner

Sex of Spouse/Partner

[Final Disposition:](#)

Cremation Preferred Crematorium.....

Preferred Ashes Disposal.....

Burial Preferred Cemetery.....

Plot Owned

Yes / No

Plot Cemetery Reference.....

[Funeral Preferences](#)

Place of Service:.....

(Lychgate Chapel, Church, Other)

Religion:.....

(Optional)

Officiant:

(Priest, Minister, Civil Celebrant, Other)

Music to be played:

(Tapes, CDs)

Music to be sung:

(Hymns, Songs)

Favourite Bible Reading(s):

Favourite Literature or Poems:

Favourite Flowers:

Favourite Flower Colour:

Name & Address of Family Doctor

.....
.....

Next of Kin / Executor *If available, include the name and daytime contacts.*

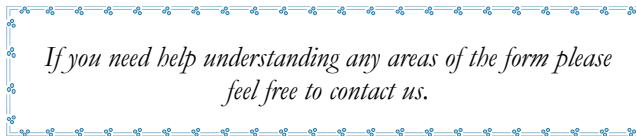
Further Comments *Any further requirements that are not previously mentioned*

Contact Information

If you would like Lychgate Funerals to contact you regarding your pre-arrangement, please advise us. No personal contact from Lychgate Funerals will be made unless the contact information below is complete; therefore, if you do not desire to speak with a funeral director, leave these fields blank.

Daytime Telephone Number:

Email Address:



We have 3 locations serving the residents of Wellington:

306 Willis Street
City
Tel: (04) 385 0745

7 Johnsonville Road
Johnsonville
Tel: (04) 477 6855

89 Karori Road
Karori
Tel: (04) 476 6472

www.lychgate.co.nz **email: staff@lychgate.co.nz**

Part of Invocare NZ Ltd Member of FDANZ

Funeral Planning Guide

Frequently in our society, a bereaved family is left to face problems about which they know little or nothing. Vital information necessary to meet legal requirements, fulfil the wishes of the deceased and alleviate the burden placed on the survivors is contained in this document.

We suggest you give a copy of this form to your next-of-kin so they are aware of the details recorded. If you would like us to hold this information on our files please forward to us.

Personal Information: *(Required by the Registrar of Births, Deaths & Marriages)*

Full Name:

Full Name at Birth (if different from above)

Gender: Male / Female

Date Of Birth:

Place Of Birth:

If Not New Zealand please enter the year that you arrived in New Zealand

Address:

City:

Occupation:

Ethnic Group NZ Maori / NZ European or Pakeha

Dutch / Australian / English / Scottish

Irish / Samoan / Cook Island Maori

Tongan / Niuean / Chinese / Indian

Other Ethnic Group *(please specify)*