

**FINAL PLACEMENT:**

Cremation

Preferred Crematorium: \_\_\_\_\_

\_\_\_\_\_

Burial

Preferred Cemetery: \_\_\_\_\_

\_\_\_\_\_

Plot Owned?    Y     N

Plot Cemetery Reference: \_\_\_\_\_

\_\_\_\_\_

Next of Kin/Executor: (if available, include the name and daytime contacts of the next of kin or executor)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FURTHER COMMENTS:**

*If you wish to record other requirements that are not explicitly catered for above, please enter these here:*

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**CONTACT INFORMATION:**

If you would like Manning Funerals to contact you regarding your pre-arrangement, please complete the contact details below:

Daytime Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PRIVACY:** Manning Funerals respects your

privacy; your information is confidential and will not be shared with third parties.

\_\_\_\_\_



**Manning Funerals (2009) Limited**

Phone (09) 377-9790

Fax (09) 377-9791

Email [mla@manningfunerals.net.nz](mailto:mla@manningfunerals.net.nz)

Web [www.manningfunerals.net.nz](http://www.manningfunerals.net.nz)

Physical Address

31 George Street

Newmarket, Auckland 1023



*My Final Wishes:*

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24 Hours

31 George Street,

Newmarket

Auckland

Ph: (09) 377 9790

M: 027 223 4797

Fax: (09) 3779791



**PERSONAL INFORMATION:** (Required by the Registrar of Births, Deaths & Marriages)

Full Name: \_\_\_\_\_

Gender: M  F

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Occupation: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_

NZ Maori Descent: Y  N

**LIVING CHILDREN:**

Birthdate(s) of Daughter(s): \_\_\_\_\_

Birthdate(s) of Son(s): \_\_\_\_\_

**PARENTS:**

Mother's Full Name: \_\_\_\_\_

Mother's Full Name at Birth: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

**RELATIONSHIP STATUS:**

- Married
- In a Civil Union
- Marriage/Civil Union Dissolved
- Marriage/Civil Union Permanently Separated
- In a Defacto Relationship
- Spouse/Partner Deceased
- Separated from De Facto Partner
- Never in a Legal Relationship

*If in a previous relationship, please fill in those details in the fields below:*

**Relationship 1:**

Spouse/Partner Full Name: \_\_\_\_\_

Spouse/Partner Maiden Name: \_\_\_\_\_

Your age at Marriage/Union: \_\_\_\_\_

Place of Marriage/Union: \_\_\_\_\_

Spouse's Birthday: \_\_\_\_\_

Sex of Spouse/Partner: \_\_\_\_\_

**Relationship 2:**

Spouse/Partner Full Name: \_\_\_\_\_

Spouse/Partner Maiden Name: \_\_\_\_\_

Your age at Marriage/Union: \_\_\_\_\_

Place of Marriage/Union: \_\_\_\_\_

Spouse's Birthday: \_\_\_\_\_

Sex of Spouse/Partner: \_\_\_\_\_

*If there were earlier marriages/unions, please note the details here:* \_\_\_\_\_

**FUNERAL PREFERENCES:**

Place of Service: (chapel, church, crematorium, Manning Funerals other) \_\_\_\_\_

Religion: \_\_\_\_\_

Officiant: (Priest, Minister, Civil Celebrant) \_\_\_\_\_

Music to be played: (CD's) \_\_\_\_\_

Is an Organist Required? Y  N

Music to be Sung: (Hymns, Songs) \_\_\_\_\_

Favourite Bible Readings: \_\_\_\_\_

Favourite Literature/Poems: \_\_\_\_\_

Favourite Flowers: \_\_\_\_\_

Favourite Flower Colour: \_\_\_\_\_