

Contact Information

Executor and/or next of kin who will assist the funeral director with my funeral wishes:

Name: _____

Address: _____

Contact details: _____

My solicitor/holder of my will:

Name: _____

Address: _____

Contact details: _____

Important Documents

Life insurance policy held with: _____

Accountant:

Name: _____

Address: _____

Contact details: _____

My Final Wishes

Personal Information and Funeral Wishes



Epsom Funeral Home

Committed to Caring

0800 437 766

Welcome to your Final Wishes Guide

Please use this as you wish – add any information you need to. Leave questions unanswered if not appropriate or relevant, and update when things change. It is yours.

It would be a good idea to leave this in your bed side table. Give a copy to the person who is going to arrange the funeral, or even give a copy to your funeral director.

Use the Notes page to add anything that has been missed; for example, any belongings that you wish to gift to specific people, any donations you would like made on your behalf.

For more information please visit our website:

epsomfuneralhome.nz

Or call us:
0800 437 766

Leesa 021 0241 3539

Stephen 021 0263 6696

Notes:

Funeral Wishes

Casket choice:

Burial

Cremation

Details: _____

Body Care:

Natural Preservation

Embalm

Details: _____

Burial Plot:

New

Reopen

Details: _____

Ashes:

Inter

Scatter

Details: _____

Preferred priest/clergy/celebrant: _____

Pallbearers: _____

Venue for service: _____

Music/hymns/songs: _____

Readings: _____

Flowers: _____

My Final Wishes

I hope that by leaving details of my funeral preferences that my loved ones will be free from the stress of decision making. Please use this as a guide only – I understand that with life's realities, not all of these details may be possible.

Name: _____

Date: _____

Upon my death, please notify the following immediately:

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

My preferred funeral coordinator is:

Name: _____

Phone: _____

This individual has a copy of my last wishes and will handle my funeral arrangements.

Personal Information

Surname (Mr, Mrs, Ms, Miss): _____

Maiden name: _____

First names: _____

Address: _____

Birthdate: _____

Birthplace - City, Country: _____

Ethnic group: _____

Descendant of NZ Maori: Yes No Don't know

If not born in NZ, year arrived in NZ: _____

Usual profession/occupation: _____

Full birth name of mother: _____

Profession/occupation: _____

Full name of father: _____

Profession/occupation: _____

Marriage/Civil Union Details

Where married/united: _____

Age when married/united: _____

Spouse's name: _____

Living spouse's birthdate: _____

Children's birthdates:

son daughter _____

son daughter _____

son daughter _____

son daughter _____

son daughter _____

son daughter _____

Previous marriages/civil unions (as above)

Are you a Justice of the Peace? Yes No

Marriage or Civil Union Celebrant? Yes No

Do you hold any honours/awards? (QBE, QSM, etc.)

