

DEATH IS BUT A HORIZON ... A HORIZON IS BUT THE LIMIT OF OUR SIGHT

Pre-Funeral Arrangements

Confidential

Name:



Christchurch tele: 379 0178



Rangiora tele: 313 6948



www.undertaker.co.nz



Ashburton tele: 308 1121





HEAD OFFICE • 12 HIGH STREET • RANGIORA

Please complete the following 3 pages enclosed to record your funeral service instructions and return to our Head Office.

This does not place you under any obligation with our company and instructions may be altered at any time.

This is a personal service we offer free, to help the uncertain burden that may be left to relatives not knowing your wishes.

It would be helpful to inform one or more of the following people of these arrangements.

Family

Close Friend

Executor

Trustee

Solicitor

Doctor

Minister

If you are unsure of any details or information please don't hesitate to call

freephone–0800 Undertaker 86 33 78 Thankyou

Of:	wish it known
ON THE EVENT OF MY DEATH, I DESIRE T	HE FOLLOWING :
Hall & Co Funeral Directors Limi	
Be contacted to carry out all the necessary arra	•
THAT instructions concerning this matter are Freecall 0800 UNDERTAKER 86-33-7	
I DESIRE :	Burial Cremation
Burial	
I have a pre purchased plot at	
I would like to be interred at	
Cremation	
I would like my remains to be interred at	
Scattered at	
Place in an Urn	
FUNERAL SERVICE HELD AT:	
RELIGIOUS AFFILIATION:	
Minister	
Celebrant	
CASKET CHOICE:	Budget – Customwood Polish
	Std. Veneer – Rimu/Maple
	Expensive – Solid Wood/Raised Lid
SPECIAL INSTRUCTIONS	
Newspaper Notices	
	Papers/Before After Service
Casket Spray	Duefaure d Elevyone/Colorer
In Lieu of Flowers	Preferred Flowers/Colours
III Lieu of Flowers	Donations to:

Service Sheets:			
Music/Hymns			
,			
Readings/Poems			
2.0.0.0.2.20.7.2.0.2.20.			
Catering:			
Pallbearers:			
NEXT OF KIN:			
NLAT OF KIN.			
SOLICITOR:			
My Will is held by:			
My Everytone ene			
My Executors are:			
If an ex serviceman or woman			
Service Number			
Service/Rank			
Specific Honours or JP			
1			
Dated:		Signed:	
ICD D'1	A	d.	
If Pre-Paid	Amount:	\$	 -

Personal details required to register a Death in New Zealand.

Full Name:			
Name at birth : (if different from abo	ove)		
		Town or city	Country (if not NZ)
Date of birth:		Place of birth:	
If not born in New Zo	ealand, year of arrival: _		
Usual home address:			
Usual occupation pro	fession or job :		
Mothers full name:			
Mother's full name at (if different fi			
Mother's usual occup profession or job: _			
Father's full name : _			
Fathers's full name at (if different fr			
Father's usual occupa profession or job:			
Legal marital status :			
	Married Widowed Permanently separated	○ Marriage dissolved or divorce○ Never married ○ De Factor	
	Full name/Maider	8	Place of Marriage
_			
_	se/Faither:		
Living children :			
	State	e birth date of each Male	