



Gentle Touch

FUNERAL SERVICES

www.gentletouch.co.nz

920 Heretaunga Street West

Stortford Lodge, Hastings.

Phone. 06 8767942

Email: staff@gentletouch.co.nz

PRE-ARRANGMENT FUNERAL INFORMATION

Full Name (Legal) _____ Known As _____

Full Name at Birth (If Different from Above) _____

Date of Birth ___/___/___ Place of Birth _____ Ethnic _____

How Long Have You Lived In New Zealand (If Not Born In NZ) _____ Last occupation _____

Home Address _____

Home Phone _____ Cell Phone _____ Email _____

Next of Kin _____ Relationship _____

Home Address _____

Home Phone _____ Cell Phone _____ Email _____

Lawyer Name _____ Practice _____

Office Phone _____ Email _____

General Practitioner _____ Practice _____

DOB of Children Daughters _____ Sons _____

Mothers Full Name _____

Full Name at Birth _____

Fathers Full Name _____

Full Name At Birth _____

Legal Marital Status: Single Married Defacto Divorced Separated Never in Legal Relationship

First Marriage

Married To _____ Maiden Name _____

My age at Event _____ Place of Event _____ Spouse Date of Birth _____

Second Marriage

Married To _____ Maiden Name _____

My age at Event _____ Place of Event _____ Spouse Date of Birth _____

Ex Service Man/Women: _____ Justice of The Peace _____ Holder of Honour or Award _____

Service Number _____ Rank _____ State Regiment _____ W/War _____

Type of Service

Cremation_____ Burial_____ Cemetery_____ Plot Number_____

New Plot_____ Additional Interment_____ Name of Previous Interment_____

Lowering Device_____ Sticks/Straps/Shovels_____ Grave Marker_____

Type of Casket_____ Type of Urn_____ Colour/Style_____

Special Request (Colour of Drapery, Religious Symbols) _____

Embalming Y / N Sanitation Treatment Y / N Clothing_____

Jewellery to Be Removed_____ Given To _____

Place of Resting Gentle Touch_____ Home_____ Other_____

Viewing_____ Restrictions for Viewing_____

Service (Farewell/Funeral)

Direct Cremation (No Service) Small Family Service Private Service Full Service (Public Funeral)

Venue_____ At Venue Before Service Y / N Carry In_____ Carry Out_____

Celebrant/Minister_____ Flowers_____ Value \$_____ Rose Petals Y / N

Service Sheets Y / N Number_____ DVD Montage Y / N Photo on Casket Y / N

Music Entry:_____ Reflection _____ Exit _____

Prayers/Poems/Verses_____

Catering Y / N Number_____ Venue_____ Donations_____

News Paper Notice Y / N Paper/s HB today Dom Post NZ Herald Other _____

Special Note (Anything you Did or Didn't Want)

Office Use:

Case Number:_____ Funeral Director_____ Date_____

Pre Arranged Y / N Pre Paid_____ Quote/receipt Issued _____ Date_____

Signed_____ Date_____ Branch_____
