

CHB Funeral Services Ltd

www.headstonesnz.co.nz

This is a guideline of the information that you will need. You can help others by making your wishes known.
If you have any questions at all please feel free to contact any of our staff
Ph 06 858 8146 . Fax 06 858 8641. EMail chbfs@xtra.co.nz

REQUIRED FOR REGISTRATION OF DEATH

Full Name

Address

City

Birth Date

Town and Country of Birth

If not born in NZ

Date of Arrival

Occupation

PARENTAL INFORMATION

Name of Father

Occupation

Name of Mother

Occupation

Mother's Maiden Surname

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MARRIAGE or CIVIL UNION DETAILS

| | | |
|----|-----------------|----------------------|
| 1. | To Whom | <input type="text"/> |
| | At Age | <input type="text"/> |
| | Location (Town) | <input type="text"/> |
| 2. | To Whom | <input type="text"/> |
| | At Age | <input type="text"/> |
| | Location (Town) | <input type="text"/> |
| 3. | To Whom | <input type="text"/> |
| | At Age | <input type="text"/> |
| | Location (Town) | <input type="text"/> |

BIRTH DATES OF LIVING SPOUSE(S) & CHILDREN

| | |
|-------------------|----------------------|
| Spouse | <input type="text"/> |
| Children (male) | <input type="text"/> |
| Children (female) | <input type="text"/> |

ETHNIC GROUP

Please tick appropriate group

NZ European

NZ Maori

Other

ARE YOU, OR HAVE YOU EVER BEEN:

| | |
|------------------------|--------------------------|
| JP | <input type="checkbox"/> |
| Queens Honours | <input type="checkbox"/> |
| Military Personal | <input type="checkbox"/> |
| If YES state your reg# | <input type="text"/> |
| Rank | <input type="text"/> |
| Unit | <input type="text"/> |
| War | <input type="text"/> |
| Overseas? | <input type="checkbox"/> |
| Flag on casket | <input type="checkbox"/> |
| RSA Tribute@Funeral | <input type="checkbox"/> |

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NEXT OF KIN

Name

Address

Phone

Relationship

G.P.

Phone

YOUR FUNERAL WISHES

Burial/Cemetery

Cremation/Ashes

site for burial/scattering

CLERGY/CELEBRANT

Minister of Religion

Funeral Celebrant

Family Member

Other

DETAILS

Name

Church

Denomination

SPECIAL REQUESTS FOR SERVICE

HYMNS

1.

2.

3.

MUSIC

Title of Song

Artist

Title of Song

Artist

Title of Song

Artist

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FLOWERS FOR CASKET

Formal Casket Spray

Natural Spray

Colours/type

SPECIAL READINGS

Title

Read by

Title

Read by

ORGANISATION WHICH MAY PARTICIPATE

(eg RSA, Lodge, Service club)

Name

CHOICE OF CASKET

Rimu

Mahogany

Hickory

Economy

Other

Raised Lid

Flat Lid

VIEWING

Yes

No

Home

Chapel

Any special attire

FUNERAL VENUE

Church

Stonehaven

Your home

Other

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Is the Service to be completed in one venue? IE would you wish relatives and friends to travel to the crematorium/cemetery for a final committal.

Yes
No

PAPER NOTICE

Death notice for the Newspaper -this will give you an idea of the information you need to include...

Surnames, First Names, Armed Service details

On - date of death - peacefully/suddenly/as result of an accident/after a long illness/surrounded by Family/ at -place and town of death.

Age if desired.

Dearly -loved/loved/husband/wife of name of spouse loved/cherished/respected/father/mother/and -father-in-law/mother-in-law of -name of children and spouses(town)

Much loved grandfather/grandmother of -names of grandchildren.

Much loved Brother/sister of...

A funeral service for -first name of deceased, will be held in -name denomination and address of Church or venue on -day date and time of service followed by burial at -Town of Cemetery/private cremation. Donations in lieu of flowers to organisation of your choice (not compulsory)

Messages to...(not compulsory)

You may want to write a notice for the paper here...

Please do not hesitate to contact any of our friendly team, they are more than happy to help you through this time.