

OTHER USEFUL INFORMATION

FUNERAL SERVICE TO BE HELD AT:

I WISH TO BE BURIED ATCEMETERY

PLOT NUMBER:

OR BURIED WITH:

OR

I WISH TO BE CREMATED AT THE BEAUCHAMP CREMATORIUM

INSTRUCTIONS FOR ASHES:

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LEGAL INFORMATION

PREPAID OR FUNERAL INSURANCE WITH:

LIFE INSURANCE WITH:

A COPY OF MY WILL IS HELD WITH:

SOLICITORS NAME:

NEXT OF KIN:

.....PHONE:

Beauchamps

167 John F Kennedy Dr, Palmerston North Ph: 06 355 1889

Email: admin@beauchamp.co.nz

www.beauchamp.co.nz

<http://www.facebook.com/beauchamp>



PERSONAL INFORMATION REQUIRED AT TIME OF DEATH



This information is required in order that it is registered with Births, Deaths and Marriages (Dept. Internal Affairs)

It is helpful to complete in advance and keep it in a safe place.

If you prefer, we can hold it for you at

BEAUCHAMP FUNERAL HOME

PERSONAL DETAILS

FULL NAME:.....

PLACE OF BIRTH:..... YEARS IN NZ.....

DATE OF BIRTH.....

NORMAL ADDRESS.....

.....

OCCUPATION:

FULL NAME OF FATHER:

FATHER'S OCCUPATION:

FULL NAME OF MOTHER:

MOTHER'S MAIDEN NAME:

NAMES AND BIRTH DATES OF LIVING CHILDREN

MALE:

FEMALE:

YOUR ETHNIC GROUP:

CURRENT MARITAL STATUS:

DO YOU HOLD ANY HONOURS OR AWARDS:

RSA/WAR SERVICE

REG NO..... WAR:

RANK UNIT/REGIMENT

MARRIAGE DETAILS (INCLUDE CURRENT IF DE-FACTO)

FIRST MARRIAGE

FULL NAME OF SPOUSE:

MAIDEN NAME:

YOUR AGE AT MARRIAGE: PLACE OF MARRIAGE:

BIRTHDATE OF SPOUSE IF STILL LIVING:

SECOND MARRIAGE

FULL NAME OF SPOUSE:

MAIDEN NAME:

YOUR AGE AT MARRIAGE: PLACE OF MARRIAGE:

BIRTHDATE OF SPOUSE IF STILL LIVING:

THIRD MARRIAGE

FULL NAME OF SPOUSE:

MAIDEN NAME:

YOUR AGE AT MARRIAGE: PLACE OF MARRIAGE:

BIRTHDATE OF SPOUSE IF STILL LIVING:

OTHER NOTES:

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