



Name of Employer: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Name of the Funeral Director: \_\_\_\_\_

Is the funeral pre-arranged:      Yes  No       Pre-paid:    Yes  No

Preferred Priest/ Clergy/ Celebrant: \_\_\_\_\_

Venue of service: \_\_\_\_\_ Casket choice (if known): \_\_\_\_\_

Tick one:                      Burial  Cremation       Plot:            None  New  Single/ Double  Re-open

Preferred Cemetery/ Crematorium: \_\_\_\_\_

Ashes placement:            Scatter  Interment       Flowers preferred: \_\_\_\_\_

In lieu of flowers, donations to: \_\_\_\_\_

Who would you like to speak/ do a reading: \_\_\_\_\_

Special readings for the service (from the bible, verse, books): \_\_\_\_\_

Music preferences for the service: \_\_\_\_\_

Hymn or song choices for the service: \_\_\_\_\_

Who would you like to be pallbearers (optional): \_\_\_\_\_

Any special instructions: \_\_\_\_\_

List names, addresses & phone numbers of next of kin to be informed: \_\_\_\_\_

List names, addresses & phone numbers of friends, relatives, clubs, organisations etc you would like contacted: \_\_\_\_\_

FOR ANY QUESTIONS YOU MAY HAVE OR IF YOU'D LIKE US TO KEEP A COPY OF THIS FORM ON FILE FOR YOU PLEASE CONTACTS US:

**ACADEMY FUNERAL SERVICES:**

65 Main South Road, Upper Riccarton, Christchurch 8042

Phone: 03 343 0919 | Fax: 03 348 1715 | Email. [academy@bledisloe.co.nz](mailto:academy@bledisloe.co.nz) | [www.academyfuneral.co.nz](http://www.academyfuneral.co.nz)

A BLEDISLOE NEW ZEALAND LIMITED FUNERAL HOME. A MEMBER OF THE FUNERAL DIRECTORS ASSOCIATION OF NEW ZEALAND.