



TWENTYMANS

FUNERAL  DIRECTORS

Since 1867

My Wishes

Pre-plan your final farewell

Committed to the community longer than any other funeral business in New Zealand

Personal Details

The information on the page is required for registration of death by funeral director:

Full Name: _____

Birth Name: _____ Known as: _____

Date of Birth: / / Place of Birth: _____

If not NZ, place of Birth: _____ Years in NZ: _____

Occupation (prior to retiring): _____

Father Full Name: _____

Mothers Full Name (Maiden Name): _____

Marriage Details - My Present Marital Status

Never Married ☐ Married ☐ Widowed ☐ Civil Union ☐

De-Facto ☐ Separated ☐ Divorced ☐

To Whom Currently Married: _____

Maiden Name of Spouse: _____

Where Married: _____ Age at Marriage: _____

Previously married to whom: _____

Where Married: _____ Age at Marriage: _____

Living Daughters Dates of Birth: _____

Living Son's Dates of Birth: _____

Deceased Daughter/Son age at Death: _____

If Living, Spouses Date of Birth: _____

Divorced Spouses Date of Birth: _____

Personal details should be updated as necessary & next of kin advised as to whereabouts this form is available to them, or provide them a photocopy - or give a copy to your chosen funeral director as well as your chosen celebrant.

My Final Wishes

I wish to be Cremated ☐

With my Ashes Interred/Scattered at: _____

Or I wish to be Buried ☐ at: _____

New Plot ☐ Pre-Purchased ☐ Re-open Plot ☐ _____

My Farewell

Funeral Service ☐ Memorial Service ☐ No Service ☐

My viewing wishes: I allow my family/friends to view my body Yes ☐ No ☐

Instructions: _____

My treatment wishes: I allow treatment by way of embalming Yes ☐ No ☐

Service Venue: _____

Preferred Officiant: _____

Pallbearers: ☐ Music: Organist ☐ Piper ☐

Pre-Service Music: _____

Processional Music: _____

Musical Reflection: _____

Recessional Music: _____

Hymns: _____

Photo Memories: Yes ☐ No ☐

Preferred Flowers: _____

Donations to: _____

War Service Detail

Service No: _____ Regt'l No: _____

Unit/Regiment: _____

Outline of Service & Final Rank: _____

Solicitor: _____

Full name of Next of Kin: _____ Phone: _____

Email: _____

Use other page too

Write About You

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____

*All the services you need conveniently
located within walking distance*



Our Main Office

709 Pollen St, Thames 3500

Ph: 07 868 6003

Open Mon-Fri from 8am-5pm

Weekends by appointment

funerals@twentymans.co.nz

www.twentymans.co.nz 

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Viewing Rooms

Paeroa - By appointment only

Cnr Arney & Willoughby St, Paeroa 3600

Ph: 07 862 6889

Whangamata - By appointment only

303A Port Road, Whangamata 3620

Ph: 07 865 6884

Whitianga - By appointment only

48 Moewai Park Rd, Whitianga 3510

Ph: 07 862 6889