

Leishman Funeral Services Ltd



12 James St. ♦ P.O. Box 171 ♦ Balclutha

Phone: (03) 41 82814 ♦ Website: www.leishmanfunerals.co.nz Email: office@leishmanfunerals.co.nz

Contact & Phone No:

Ref:

Name:

Address:

Date of Death:

Place of Death:

Occupation:

Religion:

Place of Birth:

Date of Birth:

Age:

Doctor:

Years in NZ:

Full Name of Father:

Father's Occupation:

Mother's Name & Maiden Name:

Mother's Occupation:

Was the Deceased:

MARRIED

WIDOWED

DISSOLVED

SEPARATED

NEVER MARRIED

To Whom Married & Maiden Name

Age of Decease at Marriage

Place of Marriage

1ST Marriage:

2nd Marriage:

3rd Marriage:

Spouse D.O Birth:

Living Sons D.O. Birth

Living Daughters D.O Birth:

Social Security Benefit Type:

Titles/Awards (JP, Reg. Nurse etc.)

REGTL No:

Rank:

Which War:

Next of Kin:

Ethnic Group:

Casket:

Florist:

Clothes:

Jewellery:

Pallbearers:

Viewing: YES/NO & Place:

Gratuities: Minister:

Church:

Organist:

Will Held At:

Account Sent To:

Services Details:

Day/Date: _____ Time: _____

Minister/Celebrant: _____ Church/Chapel: _____

Cemetery: _____ Last Burial: _____

Crematorium: _____ Ashes: _____

Catering Requirements: _____

White Cross: YES/NO Recumbent No: _____ DVD: YES/NO

Vimeo: YES/NO Remembrance Book: YES/NO Other: _____

Powerpoint: YES/NO Photo Board: YES/NO Family Seats No: _____

Hymn Sheets: Photos/Art: YES/NO B&W No: _____ Colour No: _____

Fingerprint Jewellery: _____ Ash Cylinder Necklace: _____

Hymns: _____

Special Instructions: _____

Newspapers: _____

Funeral Notice on Website: Yes/ No _____

Days Required: _____

Newspaper Notice: _____

Age: _____ Helium Balloons: YES/NO Number: _____

Music: In: _____ Music: Reflections: _____

Music: Out: _____ Music: General: _____

Donations to: _____ Donations Amount: \$ _____

Messages to: _____
