



BAY CREMATION CARE

Compassion. Care. Conscious of Cost.

Contact Person

Name:

Address:

Phone:

Email:

Cremation Plan

- Economy Farewell
- Private Farewell
- Family and Friends Farewell
- Other Funeral Arrangements or Requests

Registration details required for Births, Deaths & Marriages

Full Name of Deceased:

Full Name at Birth:

Date of Death:

Place of Death:

Birth Date:

Place of Birth:

Number of Years lived in NZ:

Ethnicity:

Occupation during working life:

Usual Residence:

(If not born in NZ)

Father's Name:

Father's Occupation:

Mother's Name:

Mother's Maiden Name:

Mother's Occupation:

Age at Marriage:

Place of Marriage:

Partner/Spouse Name:

(including maiden name)

Current Age of Partner/Spouse:

(Prior Marriage)

Age at Marriage

Place of Marriage:

To Whom Married:

(including surname at marriage)

Current Age of prior Spouse *(if living)*:

Ages of Children *(Male)*:

Ages of Children *(Female)*: