



# Bouquet Pre-Paid Funeral Registration Form

Policy Number: 00

Date: \_\_\_/\_\_\_/\_\_\_

Name:    
*First Name Last Name*

Address:   
*Street Address*  
  
*Street Address Line 2*

*City Postcode*

Email:

Phone No: **07 -**

Mobile No:

Birth Date:     
*Month Day Year*

Emergency:

Contact:    
*Name Contact Number*

Occupation:  Gender: **Male/Female**

Guardian:

Contact details:

Authorities:     
**1. EXECUTOR:**     
**2. POWER OF ATTORNEY:**     
*Name: PH:*

**Contact Details**

Address 1:

Address 2:

I \_\_\_\_\_ hereby consent to my Guardian and/or Executor to administer my Pre-Paid funds in a fair and reasonable manner. All funds of my Bouquet Pre-Paid Policy are for the purpose of purchasing a Sincere Funeral Services Pre-Paid Funeral package in the event of my passing.

(Please choose a Package)

**DAFFODIL:**            \$3350.00           

**ORCHID:**             \$4485.00           

**KOWHAI:**            \$5815.00           

**TULIP:**                \$2750.00 (Direct Cremation)  

**TULIP DELUXE**      \$3700.00 (1 viewing + overnight @ home + Urn to the value of \$250.00)

- 1. Height: \_\_\_\_\_
- 2. Weight: (If over 100kgs) \_\_\_\_\_
- 3. Life Insurance Provider: \_\_\_\_\_
- 4. WINZ Funeral Grant: \_\_\_\_\_

<b>Notes:</b>

I, the undersign declare that I have read, have had explained and understood the Terms & Conditions of the Bouquet Pre-Paid Funeral Package detailed in Appendix 1 and accept them fully.

**POLICY HOLDER OR GUARDIAN:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SINCERE FUNERAL SERVICES:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please ensure you have initialled and dated each page at the bottom right-hand corner. Thank you.