

Recording your funeral wishes

The following includes the information required by the Registrar-General of Births, Deaths & Marriages.

Please complete fully to ensure your personal details are accurately recorded and your wishes followed. Should you require guidance on any of the following information, please contact us.

MY PERSONAL DETAILS:

Choose status:	Mr	Mrs	Ms	Miss	Dr						
Your surname:											
First names:											
Name at birth:											
Address:											
Email address:											
Phone:											
Birth date: /											
thnicity:											
If NOT born in New 2					l to New Z	ealand:					
Profession/Occupati											
Full name of father:											
Full maiden name of	mother:					_ Occ	cupation:				
Do you hold an awai	d/honours	s (not milit	ary):		Yes	No	Title:				







RELATIONSHIP STATUS AT TIME OF DEATH:

Tick one:	Married Separated	Civil Unio		Divorced	d De Facto	Widowed	d	
Details of most re	cent relationship							
Spouse/partner's f	ull name at birth:							
Place of marriage/	union:				Age at the tim	e:		
Current spouse/pa	rtner's birth date:	/	/					
Details of previou	s relationship:							
Spouse/partner's f	full name at birth:							
Place of marriage/	'union:				Age at the tim	e:		
If living, previous s	spouse/partner's b	oirth date:	/	/				
MY FAMILY DET	AILS:							
If living, son/s nam	nes/birth date/s:							
If living, daughter,	/s names/birth da	te/s:						
Are you a Justice o	f the Peace:	Yes	No		Are you a Marriage Ce	lebrant:	Yes	No
SERVICE RECOR	RD:							
Service number:								
Overseas/New Zea	aland service deta	ils:						
Which war:			Rank:		Unit / Regi	ment:		
MY FUNERAL D	ETAILS:							
Name of kin/execu	utor making the a	rangements:						
Address:					Phone:			
Name of Solicitor/	person holding w	ill:						
Address:					Phone:			
Name of Employe	r:							
Name of Doctor:								
Name of the Fune	ral Director:							

> NEXT





MY FUNERAL DETAILS CONTINUED:

Is the funeral pre-arranged:		Yes	No	Pre-paid:	Yes	No		
Preferred Pries	st/Clergy/Celebra	ınt:						
Venue of servi	ce:			Casket choice (if known):			
Tick one:	Burial	Cremation						
Plot:	None	New	Sing	gle/ Double	Re-open			
Preferred Cem	etery/Crematori	ım:						
Ashes placeme	ent:	Scatter	Interment	Flowers preferr	ed:			
In lieu of flowe	ers, donations to:							
Who would yo	u like to speak/d	o a reading:						
•								
Music preferer	nces for the service	~e·						
Music preferer	ices for the service							
	-1:							
Hyrrin or sorig	choices for the se	ervice:						
Who would yo	u like to be pallb	earers (optional): _						
Any special ins	structions:							
List names, ad	dresses & phone	numbers of next of	kin to be inform	ned:				
List names, ad	dresses & phone	numbers of friends	, relatives, clubs	, organisations etc yc	ou would like cor	ntacted:		