

# 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: \_\_\_\_\_    Mobile: \_\_\_\_\_

Birth date:    /    /    Birth place: \_\_\_\_\_

Ethnicity: \_\_\_\_\_    Descended from NZ Maori:    Yes    No    I don't know

If NOT born in New Zealand, what was the date of your arrival to New Zealand: \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_

Full name of father: \_\_\_\_\_    Occupation: \_\_\_\_\_

Full maiden name of mother: \_\_\_\_\_    Occupation: \_\_\_\_\_

Do you hold an award/honours (not military):    Yes    No    Title: \_\_\_\_\_

[> NEXT](#)

**RELATIONSHIP STATUS AT TIME OF DEATH:**

Tick one:      Married              Civil Union              Divorced              De Facto              Widowed  
                 Separated              Never Married

**Details of most recent relationship**

Spouse/partner's full name at birth: \_\_\_\_\_

Place of marriage/union: \_\_\_\_\_ Age at the time: \_\_\_\_\_

Current spouse/partner's birth date:      /      /

**Details of previous relationship:**

Spouse/partner's full name at birth: \_\_\_\_\_

Place of marriage/union: \_\_\_\_\_ Age at the time: \_\_\_\_\_

If living, previous spouse/partner's birth date:      /      /

**MY FAMILY DETAILS:**

If living, son/s names/birth date/s: \_\_\_\_\_

If living, daughter/s names/birth date/s: \_\_\_\_\_

Are you a Justice of the Peace:      Yes      No              Are you a Marriage Celebrant:      Yes      No

**SERVICE RECORD:**

Service number: \_\_\_\_\_

Overseas/New Zealand service details: \_\_\_\_\_

Which war: \_\_\_\_\_ Rank: \_\_\_\_\_ Unit / Regiment: \_\_\_\_\_

**MY FUNERAL DETAILS:**

Name of kin/executor making the arrangements: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Solicitor/person holding will: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Name of the Funeral Director: \_\_\_\_\_

**> NEXT**

**MY FUNERAL DETAILS CONTINUED:**

Is the funeral pre-arranged:            Yes    No                    Pre-paid:            Yes    No

Preferred Priest/Clergy/Celebrant: \_\_\_\_\_

Venue of service: \_\_\_\_\_ Casket choice (if known): \_\_\_\_\_

Tick one:            Burial            Cremation

Plot:            None            New            Single/ Double            Re-open

Preferred Cemetery/Crematorium: \_\_\_\_\_

Ashes placement:            Scatter            Interment            Flowers preferred: \_\_\_\_\_

In lieu of flowers, donations to: \_\_\_\_\_

Who would you like to speak/do a reading: \_\_\_\_\_

Special readings for the service (from the bible, verse, books): \_\_\_\_\_

\_\_\_\_\_

Music preferences for the service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hymn or song choices for the service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who would you like to be pallbearers (optional): \_\_\_\_\_

\_\_\_\_\_

Any special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List names, addresses & phone numbers of next of kin to be informed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List names, addresses & phone numbers of friends, relatives, clubs, organisations etc you would like contacted:

\_\_\_\_\_