

# Recording your Choices

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*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, please contact us on 03 434 8812*

## Required for Death Certificate

Choose status Mr ☐ Mrs ☐ Miss ☐ Dr ☐

Your surname \_\_\_\_\_

First names \_\_\_\_\_

Current address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Birth date \_\_\_\_\_ Birth place \_\_\_\_\_

Ethnicity \_\_\_\_\_ Māori Yes ☐ No ☐ unsure ☐

If not born in NZ, what was the date of your arrival to NZ \_\_\_\_\_

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

Full name of Father \_\_\_\_\_ Occupation \_\_\_\_\_

Full maiden name of Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Do you hold an award / honours Yes ☐ No ☐ Title \_\_\_\_\_

## My Marriage / Civil Union Details

Tick one

Married ☐ Civil Union ☐ Divorced ☐ Defacto ☐ Widowed ☐ Separated ☐ Never Married ☐

Most current marriage / civil union details \_\_\_\_\_ Age at the time \_\_\_\_\_

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

Place of marriage / civil union \_\_\_\_\_

Spouse / partner's birth date \_\_\_\_\_

Previous relationship details \_\_\_\_\_ Age at the time \_\_\_\_\_

Previous spouse / partner's full name at birth \_\_\_\_\_

Place of marriage / civil union \_\_\_\_\_

If living, spouse / partner's birth date \_\_\_\_\_

## My Family Details

If living, son's name(s) and birth date(s) \_\_\_\_\_

If living, daughter's name(s) and birth date(s) \_\_\_\_\_

Are you a justice of the peace ☐ Yes ☐ No Are you a marriage celebrant ☐ Yes ☐ No

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## Service Record

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

Is the funeral pre-arranged ☐ Yes ☐ No Is the funeral pre-paid ☐ Yes ☐ No

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

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

Tick one ☐ Burial ☐ Cremation

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

Ashes placement ☐ Scatter ☐ Interment Preferred flowers \_\_\_\_\_

In lieu of flowers, donations to venue of service \_\_\_\_\_

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

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

Music preference for the service \_\_\_\_\_

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

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

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

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

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***For any questions you may have or if you'd like us to keep a copy of your choices on file, please contact us by phone or email below:***