



# 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 to speak with a Pellows team member on (04) 550 4204.

## 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**



**MY MARRIAGE/CIVIL UNION DETAILS:**

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

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

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

Place of marriage/union: \_\_\_\_\_

Spouse/partner’s birth date:      /      /

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

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

Place of marriage/union: \_\_\_\_\_

If living, 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_