

## RECORDING YOUR CHOICES

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 Tilton Opie + Pattinson team member on **(09) 827 8332**.

### 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: \_\_\_\_\_

### 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: \_\_\_\_\_

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: \_\_\_\_\_

FOR ANY QUESTIONS YOU MAY HAVE OR IF YOU'D LIKE US TO KEEP A COPY OF THIS FORM ON FILE FOR YOU PLEASE CONTACTS US:

### TOP FUNERAL SERVICES

NEW LYNN: 3232 Great North Road (09) 827 8332

ROYAL OAK: 725 Mt Albert Road (09) 636 6219

brian.stott@simplicity.co.nz

AN INVOCARE NEW ZEALAND LIMITED FUNERAL HOME. A MEMBER OF THE FUNERAL DIRECTORS ASSOCIATION OF NEW ZEALAND.