

Civil or Military Honours (e.g. QSM)

Marriage Celebrant YES / NO

Justice of the Peace YES / NO

Military Service No

Branch

Regiment (or similar)

Rank

RSA Ceremony Required

National Superannuation Number

Other Information

### Funeral Arrangements

Funeral Director

Minister / Celebrant

Flowers / Donations in Lieu

Music / Hymns / Readings

Burial / Cremation

Disposal of Ashes

Burial Plot

### Special Requests

*This information is for guidance following my death. I have expressed my preferences and wish these carried out unless impractical.*

Signed

Date



35 Wellington Street | Ph: 09 534 7300 | www.howickfuneralhome.nz



**Howick  
FUNERAL HOME**

***Funeral & Pre-Arrangement  
Personal Record***



Proudly New Zealand Owned

**PLEASE PRINT IN CAPITAL LETTERS**

**For Pre-Arrangement of Funeral or Registration of Death**

**My Family Information** (Required By Law for Registration of Death)

First Names \_\_\_\_\_

Surname \_\_\_\_\_

Usual Home Address \_\_\_\_\_  
\_\_\_\_\_

Surname of Family Name at Birth (if different) \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Arrival in NZ - **YEAR (if not born here)** \_\_\_\_\_

Occupation (if retired state previous main occupation) \_\_\_\_\_  
\_\_\_\_\_

Are You Descended From a NZ Maori ? YES / NO

Ethnic Group \_\_\_\_\_

Daughter/s of Deceased - **Age of Each Living or Deceased Daughter:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Son/s of Deceased - **Age of Each Living or Deceased Son:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's Full Name at Birth (if different) \_\_\_\_\_

Father's Occupation \_\_\_\_\_

The following details are required even if divorced, separated or partner deceased (Use a separate sheet of paper to record details if necessary) - Circle where appropriate

Married / Civil Union / Union Dissolved / De Facto /

Partner Deceased / Separated from De Facto / Permanently Separated /

Never in a Legal Relationship

	Current	Previous
Age at Union	_____	_____

Place of Union	_____	_____
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First Names of Partner	_____	_____
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Maiden / Surname of Partner (at time of union)	_____	_____
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Age of Partner (if living)	_____	_____
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Gender of Partner	M / F	M / F
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**For Pre-Arrangement Only**

**Important Documents & Information** ( For Benefit of Family)

Solicitor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Location of Will \_\_\_\_\_

Location of Copies \_\_\_\_\_  
\_\_\_\_\_

Insurances \_\_\_\_\_  
\_\_\_\_\_

Location of Valuables \_\_\_\_\_  
\_\_\_\_\_

Bank Accounts \_\_\_\_\_  
\_\_\_\_\_

Name of Doctor \_\_\_\_\_ Ph \_\_\_\_\_

**Other Information**

Community Organisations (eg. Rotary, RSA, Masonic Lodge) \_\_\_\_\_  
\_\_\_\_\_