

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](http://www.howickfuneralhome.nz)

**Locally Owned**

# Funeral & Pre-Arrangement Personal Record



**All hours for personal, professional service**



**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 Māori ? 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 \_\_\_\_\_

First Names of Partner \_\_\_\_\_

Maiden / Surname of Partner \_\_\_\_\_  
(at time of union)

Age of Partner (if living) \_\_\_\_\_

Gender of Partner \_\_\_\_\_ M / F \_\_\_\_\_ M / F

## 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) \_\_\_\_\_