

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



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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 - dd/mm/yyyy (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 _____

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) _____
