

## 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: **Phone (06) 835 9925** to speak with a team member.

### 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 if your choices on file, please contact us:

**BETH SHAN FUNERALS** 157 Georges Drive, Napier 4110 | Mail. PO Box 439, Napier 4140

Phone. 06 835 9925 | Fax. 06 835 5834 | Email. [imackie@beth-shan.co.nz](mailto:imackie@beth-shan.co.nz) | [www.beth-shan.co.nz](http://www.beth-shan.co.nz)

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