

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 | www.beth-shan.co.nz

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