



**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:**

Cross 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: 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  
Yes No

Pre-paid:

Ashes placement: Scatter Interment

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 OF THIS FORM ON FILE FOR YOU PLEASE CONTACTS US locations to keep a copy of your choices on file, please phone us 0800 000 121**