



# 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, please contact us to speak with a Academy team member on **(03) 343 0919**.

## 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 OF THIS FORM ON FILE FOR YOU PLEASE CONTACT US:

**ACADEMY FUNERALS SERVICES**

65 Main South Road, Upper Riccarton, Christchurch 8042 | Phone (03) 343 0919 | Email. info@academyfunerals.co.nz  
[www.academyfunerals.co.nz](http://www.academyfunerals.co.nz)

AN INVOCARE NEW ZEALAND LIMITED FUNERAL HOME. A MEMBER OF **FDANZ** THE FUNERAL DIRECTORS ASSOCIATION OF NEW ZEALAND.