

Recording Your Choices

The following includes 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.

MY PERSONAL DETAILS

Mr Mrs Ms Miss Dr Gender: _____

First / given name (s): _____

Surname / family name: _____

First / given / surname / family name (s) at birth: _____

Birth Date: _____ Place of Birth: _____

If NOT born in New Zealand, what was the date of your arrival to New Zealand: _____

Usual home address: _____

Mobile number: _____ Email address: _____

Usual occupation, profession or job: _____

Ethnicity: _____ Descended from NZ Māori: Yes / No / Don't know

Full name of mother: _____

Mother's maiden name: _____ Occupation: _____

Full name of father: _____

Occupation: _____

Military details: _____ Are you a Justice of the Peace: Yes / No

MY RELATIONSHIP AND FAMILY DETAILS

Tick One: Married Civil Union Divorced De Facto Widowed Separated Never Married

Most current relationship given name details: _____

Surname at birth: _____ Spouse / partners birth date: _____

Place of marriage / civil union: _____ Age at the time: _____

Previous relationship details: _____

Surname at birth: _____ Spouse / partners birth date: _____

Place of marriage / civil union: _____ Age at the time: _____

Birthdates of living son/s: _____

Birthdates of living daughter/s: _____

BRENT RURU

EVERYTHING FUNERAL

Your life. Your farewell. Know your options.

MY FUNERAL DETAILS

Cremation Ashes interment Scatter Interment Burial Eco-Friendly

Pre-purchased plot details: Cemetery: _____ Block #: _____ Plot #: _____

New plot purchase Cemetery: _____

Funeral service Memorial service Mass Rosary Private Celebration of Life service

Is the funeral pre-arranged with a Funeral Director: Yes / No Pre-paid: Yes / No

Name of Funeral Director: _____

Embalm: Yes / No To go home: Yes / No Viewings: Yes / No

Jewellery instructions: _____

Venue of service (Funeral Directors / Church / Event Centre / Community Venue / Private Address):

Casket choice (if known): _____ Urn choice (if known): _____

Casket: In place Hearse arrival Carry in Remain in place Carry out Curtains

Preferred Celebrant / Priest / Clergy: _____

Flowers: Florist Family Casket Spray Natural Sheath Single Other : _____

In lieu of flowers, donations to: _____

Catering: Yes / No Service Sheets: Yes / No Photo Montage Slide Show: Yes / No

Live Streaming: Yes / No Funeral register: Yes / No Paper Notice: Yes / No RSA: Yes / No

Special readings for the service (from the bible, verse, books): Yes / No _____

Music preferences for the service: _____

Hymn or song choices for the service: _____

Organist Piper Other: _____

Pall Bearers: _____

Any special instructions: _____

Details of next of kin: _____

Relationship: _____ Contact Number: _____

Name of Executor: _____ Name of Doctor: _____

For any questions you have or if you'd like Everything Funeral to keep a copy of this form on file for you please contact us at www.everythingfuneral.nz

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