



Personal Information Form

Date of Arrangement:

Funeral Director:

0800 2MEMORY - 0800 263 6679

PERSONAL INFORMATION

Full Name:			
Known as:		Maiden Name:	
Any Honours / Military Service Details:			
Usual Home Address:			
Occupation:		Phone No:	
Place of Birth:		Date of Birth:	
Ethnic Group / Iwi Associated with:		Years in NZ:	

PARENTS DETAILS

Full Name of Mother:		Mothers Occupation:	
Mother's Maiden Name:			
Full Name of Father:		Fathers Occupation:	

RELATIONSHIP DETAILS

Relationship Type / Event:	<input type="checkbox"/> Married <input type="checkbox"/> Never in a Legal Relationship <input type="checkbox"/> Spouse/Partner Deceased <input type="checkbox"/> In a De Facto Relationship <input type="checkbox"/> In a Civil Union <input type="checkbox"/> Marriage/ Civil Union Dissolved <input type="checkbox"/> Permanently Separated		
Spouse/Partner's Full Name at Event:		Your Age at Event	
Place of Marriage / Civil Union:		Date of Birth of Spouse/Partner	
Previous Spouse's Full Name at Event:		Your Age at Event	
Place of Marriage / Civil Union:		Date of Birth of Spouse/Partner	

If more than two relationships, please note down on separate sheet.

CHILDREN'S DETAILS

Name and Date of Birth for Each Living Daughter:			
Name and Date of Birth for Each Living Son:			

NEXT OF KIN DETAILS

Name:		Phone Number:	
Next of Kin Address:			
Next of Kin Email Address:			

LAWYER / DOCTOR DETAILS

Trustee / Executor:			
Lawyer who holds your Will:			
Usual Doctor:		Medical Centre:	

Matters I would like observed if possible, at the time of my death.

FUNERAL DETAILS

Preferred Venue for Service:			
Name of Preferred Celebrant / Minister:			
Burial or Cremation:		Name of Cemetery Plot Details	
Ashes Placement: (Interred / Scattered)			
Any Cultural Considerations / Requests			
Casket:			
Floral Tribute:			
Catering:			

ADDITIONAL SERVICE DETAILS

Preferred Hymns/Music:			
Preferred Pall Bearer's Names:			
Special Readings/Poems:			
Tributes/Eulogies:			
Any Other Special Requests:			

NEWSPAPER DETAILS

Newspaper Notices:	<input type="checkbox"/> Ashburton Guardian	<input type="checkbox"/> Christchurch Press	<input type="checkbox"/> Timaru Herald	<input type="checkbox"/> Otago Daily Times
	<input type="checkbox"/> Dominion Post	<input type="checkbox"/> NZ Herald	<input type="checkbox"/> The Courier	<input type="checkbox"/> Other

Newspaper Notice Wording:

I would appreciate my wishes to be carried out as outlined. I realize that it may not be possible to carry out all these requests exactly as I have expressed, due to any situation that may exist at the time of my death.

Signed