

# 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 Elliotts team member on (07) 578 3338.

## 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 deceased, son/s names/date/s and age/s at death: \_\_\_\_\_

If living, daughter/s names/birth date/s: \_\_\_\_\_

If deceased, daughter/s names/date/s and age/s at death: \_\_\_\_\_

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 prearranged:  Yes  No                      Prepaid:  Yes  No

Preferred Priest/Clergy/Celebrant: \_\_\_\_\_

Venue of service: \_\_\_\_\_ Casket choice (if known): \_\_\_\_\_

Tick one:  Burial  Cremation

Plot:  None  New  Single/ Double  Re-open

**MY FUNERAL DETAILS CONTINUED:**

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: \_\_\_\_\_

**When you've completed the form**

After filling in this form by hand, please make a copy for your Will as well as scan & email us a copy to: **staff@elliottsfunerals.co.nz** or alternatively post us a copy to: **Elliotts Funeral Services, Rosebank Administration, 25 Ninth Avenue, Tauranga 3110**. We'll keep your plan safe on file. You can make changes any time, so if you'd like to update it, please get in touch. If you have any questions, or you'd like to arrange prepayment, call us on **07 578 3338**.

**Main Office:** 25 Ninth Ave, Tauranga, Phone: 07 5783338

**Chapel on Cameron:** 414 Cameron Rd, Tauranga, Phone: 07 5783338

**Mt Maunganui Office & Monumental Showroom:** Cnr Girven Rd & Gloucester Rd, Phone: 07 575 5187

**Katikati Office:** Cnr Main Rd & Sheffield St, Phone: 07 549 4788

**Email:** staff@elliottsfunerals.co.nz

**www.elliottsfunerals.co.nz**

