



ACADEMY
FUNERAL SERVICES

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

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www.academyfunerals.co.nz

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