

OTHER USEFUL INFORMATION

Funeral service to be held at: _____

I wish to be buried at _____ cemetery

Plot number: _____

Or buried with: _____

Or

I wish to be cremated at Taupo Crematorium or _____

Instructions for ashes: _____

LEGAL INFORMATION

Prepaid or funeral insurance with: _____

Life insurance with: _____

A copy of my will is held with: _____

Solicitors name: _____

Next of kin: _____

_____ Phone: _____



PERSONAL INFORMATION REQUIRED AT TIME OF DEATH

MEMBER | **Funeral Directors**
ASSOCIATION OF NZ

A celebration of life is our specialty.



☎ 07 895 7420

✉ office@taumarunuifunerals.co.nz

🌐 www.taumarunuifunerals.co.nz

📍 34 Huia Street, Taumarunui 3920



This information is required in order that it is registered with Births, Deaths and Marriages (Dept. Internal Affairs).

It is helpful to complete in advance and keep it in a safe place. If you prefer, we can hold it for you at Taumarunui Funeral Services.

PERSONAL DETAILS

Full name: _____

Place of Birth: _____ Years in NZ: _____

Date of Birth: _____

Normal Address: _____

Occupation: _____

Full Name of Father: _____

Father's occupation: _____

Full Name of Mother: _____

Mother's Maiden Name: _____

Names and Birth Dates of Living children _____

Male: _____

Female: _____

Your ethnic group: _____

Current marital status: _____

Do you hold any Honours or Awards: _____

RSA/WAR SERVICE

Reg No: _____ War: _____

Rank: _____ Unit/Regiment: _____

MARRIAGE DETAILS (include current if de-facto)

FIRST MARRIAGE

Full Name of Spouse: _____

Maiden Name: _____

Your Age at Marriage: _____ Place of Marriage: _____

Birthdate of spouse if still living: _____

SECOND MARRIAGE

Full Name of Spouse: _____

Maiden Name: _____

Your Age at Marriage: _____ Place of Marriage: _____

Birthdate of spouse if still living: _____

THIRD MARRIAGE

Full Name of Spouse: _____

Maiden Name: _____

Your Age at Marriage: _____ Place of Marriage: _____

Birthdate of spouse if still living: _____

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OTHER NOTES:
