

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 Geoffrey T Sowman team member on (03) 578 4719.

MY PERSONAL DETAILS:			
Choose status: Mr O Mrs O Ms O M	Miss O Dr O		
Your surname:			
First names:			
Name at birth:			
Address:			
Email address:			
Phone:	Mobile:		
Birth date: / /	Birth place:		
Ethnicity:	Descended	from NZ Maori:	Yes O No O I don't know O
If NOT born in New Zealand, what was the date of	your arrival to New Z	ealand:	
Profession/ Occupation:			
Full name of father:		Occupation:	
ull maiden name of mother:Occupation:			
Do you hold an award/ honours (not military):	Yes O No O	Title:	
MY MARRIAGE/ CIVIL UNION DETAILS:			
Tick one: Married O Civil Union O Divor	rced 🔘 De Facto 🔘	Widowed O Sepa	arated O Never Married O
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 N	arriage Celebrant:	Yes O No O
SERVICE RECORD:			
Service number:			
Overseas/ New Zealand service details:			
Which war:	_ Rank:	Unit / F	Regiment:

MY FUNERAL DETAILS:

Name of kin/ executo	r making the arrangements:				
Address:				Phone:	
Name of Solicitor/ per	rson holding will:				
Address:				Phone:	
Name of Employer:					
Name of Doctor:					
Name of the Funeral I	Director:				
Is the funeral pre-arra	nged: Yes O No O	Pre-paid:	Yes O No O		
Preferred Priest/ Clerg	gy/ Celebrant:				
Venue of service:		C	Casket choice (if known):		
Tick one:	Burial O Cremation O	Plot:	None O New	O Single/ Double	Re-open 🔘
Preferred Cemetery/	Crematorium:				
Ashes placement:	Scatter O Interment O	Flowers p	referred:		
In lieu of flowers, don	ations to:				
Who would you like to	o speak/ do a reading:				
Special readings for the	he service (from the bible, verse, bo	ooks):			
Music preferences for	r the service:				
Hymn or song choice	s for the service:				
Who would you like to	o be pallbearers (optional):				
Any special instruction	ns:				
List names, addresses	s & phone numbers of next of kin to	b be informed	:		
List names, addresses	s & phone numbers of friends, relat	ives, clubs, or	rganisations etc you	u 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 CONTACTS US:

GEOFFREY T SOWMAN FUNERAL DIRECTORS & MONUMENTAL MASONS:

Corner Hutcheson & Parker Streets, Blenheim 7201, New Zealand | Phone: 03 578 4719 Email. staff@sowmans.co.nz | www.sowmans.co.nz

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