



Simply Cremations Funeral Services | Personal Details Form

Title: Mr Mrs Ms Miss

Surname:

Given Names:

Surname at Birth: *(if different)*

Occupation or Profession: *(Eg. Retired Builder)*

Address:

Email Address:

Country of Birth:

Date of Birth: Age:

Name and Address of Next of KIN:

Name and Address of Legal Executor:

Name and Address of Solicitor:

Your Telephone Number:

Town of Birth:

If born outside NZ - Number years lived here:

Please indicate if you are:

A Marriage Celebrant A Justice of the Peace Held/Hold an Honour or Award

Ethnic Group's: *(please indicate all applicable & include if of NZ Maori descent)*

European Maori NZ Maori Descent Samoan Tongan
 Cook Island Maori Chinese Indian Other *(specify)*:

Living Children:

(please state date of birth)

Daughters: Sons:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Parents Details:

*(*if different)*

Mothers Surname:

Mothers First Name:

Mothers Birth Name:*

Mothers Occupation:

Fathers Surname:

Fathers First Name:

Fathers Birth Name:*

Fathers Occupation:



Funeral Arrangements:

Specify: Cremation or Burial Cremation Burial

If Cremated are the Ashes to be: Scattered Interred Other:

Plot if Required:

Specify Service Venue or Crematorium Chapel:

Hamilton Tauranga

Flowers and Donations:

	Pallbearers:	Favourite Songs:	Hymns:	Readings:
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Service Record: *(if applicable)*

Service #: Unit | Reg.:

Service: Overseas New Zealand Rank:

Conflict:

Relationship Details: *(please select one of the following)*

Marriage In a de facto relationship Spouse | Partner deceased

Separated from de facto partner In a Civil Union Civil Union

Never in a legal relationship Permanently separated (from a marriage or a civil union)

Details of most recent relationship *(if any)*:

Please Specify Relationship: Married Civil Union De Facto Relationship

Given Name of Spouse | Partner:

Surname of Spouse | Partner:

Place of Marriage or Civil Union:

If not in NZ please specify country:

Your Age at time of Marriage or Civil Union: Partners Age at the time:

Sex of Spouse | Partner: Female Male Partners Age if living:

Details of second most recent relationship *(prior to the one above if any)*:

Please Specify Relationship: Married Civil Union De Facto Relationship

Given Name of Spouse | Partner:

Surname of Spouse | Partner:

Place of Marriage or Civil Union:

If not in NZ please specify country:

Your Age at time of Marriage or Civil Union: Partners Age at the time:

Sex of Spouse | Partner: Female Male Partners Age if living:

