



Personal Record.

In the event of my death, here is the record of basic information that will need to be known by my survivors.

This record was first completed by me:

_____ (Full Name) _____ (Date)

Amended / Updated on _____ (Date)

Next of Kin

Name _____

Address _____

Name _____

Address _____

Personal information that will be required by Funeral Director:

Full Name _____

Address _____

Date of Birth _____

If born overseas - date of arrival in New Zealand _____

Occupation _____

Full name of Father _____

Father's Occupation _____

Full name of Mother _____

Mother's Maiden Name _____

Service / Regimental No. (if applicable) _____

War _____ Rank _____

Marriage Details (list of all marriages to be entered)

To Whom _____

Their Date of Birth _____

Age at the time _____

Place of Marriage _____

Names and Date of Birth of all living children

National Super or War Pension number _____

Any other Titles etc _____

Personal Notes not required by Funeral Director, but helpful for relatives.

- Location of Birth Certificate _____
- Location of Marriage Certificate _____
- Executor of my will is _____
- Name and address of my Solicitor:
 - _____
 - _____
- Name and address of banks with current accounts
 - _____
- Life Insurance Policy Details _____
- Shares Bonds etc and details of where certificates are located

 - _____
- Other assets are _____
- Liabilities _____
- Rent Paid to _____
- Mortgage and other Loan Details _____
- Accounts with : _____

Personal Preference Record

Matters that I would like observed at the time of my death

- Burial or Cremation _____
- If Cremation – ashes to be buried | scattered | interred | other _____
- If Burial – I already have a plot at _____

Funeral Arrangements

- My wishes concerning flowers and or donations _____
- My favourite hymns/songs _____
- My favourite readings _____

Please notify the following people of my death

- _____
- _____

The following should be contacted

- Doctor's Name _____
- Minister _____
- Funeral Director _____
- Immediate Family _____
- Next of Kin _____
- Solicitor or other public trustee who holds will
- Social Welfare Department – nb – even if not a beneficiary – there may be a case for financial assistance towards funeral cost.

Signature _____ **Date** _____

