

CONGRATULATORY MESSAGE SERVICE
APPLICATION FORM

OCCASION

FULL NAME (Mr/Dr)

FULL NAME (Mrs, Miss, Ms, Dr)

MAIDEN NAME

PREFERRED NAME(S)
(as will appear on
messages)

**ADDRESS WHERE
RESIDING**

ADDRESS FOR MESSAGES

ELECTORATE (if known)

DATE OF MARRIAGE/BIRTH

**PLACE OF MARRIAGE/
BIRTH**

DATE OF CELEBRATION:

**NAME AND ADDRESS OF
INFORMANT**
(Complete if you wish to
receive a confirmation letter)

TELEPHONE/FAX

EMAIL ADDRESS

Please provide a copy of a birth/marriage certificate if possible

Please return completed form to PO Box 805, Wellington 6140 or fax to (04) 470-2921