

PRE-PLANNED FUNERAL FORM

SURNAME _____ **CHRISTIAN NAMES** _____

Occupation _____ **Retired** _____ **Pensioner** _____

Date of Birth _____ **Place of Birth** _____

If born overseas, what year did you arrive in Australia? _____

Your Fathers Name _____

Your Mothers Name _____

Your Mothers Maiden Name _____

Occupation (Father) _____ **(Mother)** _____

Your Marital Status

Married _____ **Widow/ed** _____ **Divorced** _____ **Defacto** _____ **Single** _____

If widow/ed **Date** _____ **Place of Death** _____

MARRIAGE DETAILS

1ST Marriage To Whom _____

Town or Place _____ **Date** _____

2ND Marriage To Whom _____

Town or Place _____ **Date** _____

3RD Marriage To Whom _____

Town or Place _____ **Date** _____

ALL CHILDRENS NAMES.

Date of Birth

Please keep this form and notify a member of your family where it may be found to assist the family when details are needed. We will retain a copy of this form in our Office for use when notified by your family/Executor/Doctor or Hospital

FUNERAL WISHES

It is my desire that my Funeral Service be held at (Chapel, Church, etc)

Burial /Cremation

Grave Details /Ashes placement

Preferred Minister / Celebrant _____ **Religion** _____

Flowers / No Flowers _____ **Donations in lieu of flowers** _____

Special Hymns, Song, Music.

RSL Tribute / Flag / Last Post. _____ **Organist** _____ **Piper** _____ **Soloist** _____

Viewing _____ **Yes / No.** _____ **Jewellery** _____ **Clothing** _____

Press Notices.

Memorial Book _____ **Service Sheets** _____

Funeral Fund _____ **Refreshments** _____

PERSONAL INFORMATION

Name, Address and Phone of Family Doctor

Name, Address and Phone of Solicitor

Name, Address(es) and Phone(s) of Executors

Next of Kin, Address and Phone

Applicants Signature _____ **Date** _____

Applicants Address _____ **Phone** _____