

Personal Information

Full Name: _____ Female Male

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Birthplace: _____ Birthdate: _____

Australian Resident Since: _____ Religion: _____

Occupation: _____

Veterans' Affairs No: _____ Social Security Pension No: _____

Married Single Widowed Divorced
 Separated De facto

Name of Partner _____ Wedding Date: _____

Name of Partner _____ Wedding Date: _____

Father's Given and Family Names: _____

Birthplace: _____ Birthdate: _____

Occupation: _____

Mother's Given and Family Names: _____

Birthplace: _____ Birthdate: _____

Occupation: _____

Funeral Service Preferences

Funeral Director: _____

It is my wish to be Buried Cremated, following a Funeral Service held at the Funeral Directors
Chapel at _____ or at _____ Church in _____

I would/would not like a service to be held at the _____ cemetery/crematorium.

Celebrant/Clergyman: _____ Veteran Service by: _____

Eulogy by: _____ Donations to: _____

Floral Preference: _____

Newspaper Notices: Death Notice: Yes No Funeral Notice: Yes No

Music Selections: _____

Do you want a "Viewing" prior to the Funeral Services? Yes No

Should the Coffin/Casket be Open for Viewing for:
 Family Only Those wishing to pay their last respects

Type of Coffin/Casket Desired: Coffin Casket
_____ Wood Metal Sealed Metal Australian Flag Covered

Clothing: Yes No If Yes, Who Provides? Family Funeral Home

Jewellery: _____ Glasses on: Yes No

PALLBEARERS TO CARRY COFFIN/CASKET

Name Address Telephone

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Memorial Information

Name and Address of Cemetery/Crematorium preferred:

Telephone:

Do You Now Own Cemetery/Crematorium Property eg a grave? Yes No

If Yes, in whose name is the property registered?

If Yes, Location of Deed/Receipt

(do not keep in safety deposit box)

If Yes, Location of Property within Cemetery/Crematorium:

I Own/Prefer (delete one):

Burial: Grave Crypt Family Estate

Cremation: Wall Niche: Rose Garden Family Estate:

Should the Coffin/Casket be placed into a Protective Burial Vault? Yes No

Do you want the Family to be present when the Coffin/Casket is placed into the Grave or Crypt?

Yes No

Would you prefer that Family attend Services in: Own Car(s): Mourning Cars

Type of Memorial Desired: Family Double Single

Additional Remarks:
