

## Pre-Paid Funeral Plan Personal Information Guide



PERSONAL DETAILS						
Full Name:						
Gender:						
Place of Birth:			DOB:			
Born overseas? Year Immigrated to Australia:						
Address:						
Occupation:			Retired:			
GP's Name			Phone:			
Organ Donor	Yes / No					
PARENTS' DETAILS						
Father's Full Name	•					
Father's Occupation	on					
Mother's Full Name	e & Maiden Name					
Mother's Occupati	Mother's Occupation					
MARRIAGE						
Place of Wedding		Marriage Date	Name of S	pouse		
1)						
2)						
3)						
Current Marital Sta	itus					
CHILDREN						
Children's Names		ildren's DOB eceased write 'D' beside DOB)				
1)	( &	Secure Williams				
2)						
3)						
4)						
5)						
6)						
7)						
NEXT OF KIN						
NEXT OF KIN Name						

EXECUTOR OF MY WILL			
Name:			
Address:			
Phone:			
SOLICITOR			
Name:			
Address:			
Phone:			
FUNERAL PREFERENCES			
Place of Service:			
Burial or Cremation:			
Preferred Cemetery/Crematorium:			
Existing Grave/ Memorial:			
Pallbearers (Names):			
Wishes for cremated remains:			
Flowers:	Yes / No	Type:	
In lieu of flowers I would like donations to be made in support of:			
Hymns, Readings, Poems:			
RSL remembrance time to honour military service required:	Yes / No		
Newspaper Notices:			
Viewing:	Yes / No		
Refreshments:			
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FURTHER REQUESTS/COMM	FNTS		
FORTHER REQUESTS/COMINI	LINIS		