

Your Details

Surname Date

First Name Middle Name/s

Address

Pension Pension No.

Phone home Work Mobile

Email

Date of Birth Place of Birth

Religion Local Church

Occupation Retired Yes No

Aboriginal Origin Torres Strait Islander Origin

Nationality

.....

Naturalisation Date

If born overseas, resident of Australia since

Marital Status

Married Never Married Divorced Widowed Separated

1st Marriage

Spouse's Surname / Maiden Name DOB

First Name Middle Name/s

Place of marriage Date Age when married

2nd Marriage

Spouse's Surname / Maiden Name DOB

First Name Middle Name/s

Place of marriage Date Age when married

3rd Marriage

Spouse's Surname / Maiden Name DOB

First Name Middle Name/s

Place of marriage Date Age when married

Parents

Father's surname First Name

Middle Name/s Occupation

Mother's Maiden Name First Name

Middle Name/s Occupation

Children By Birth or Legal Adoption

First Name Middle Name/s DOB M F

First Name Middle Name/s DOB M F

First Name Middle Name/s DOB M F

First Name Middle Name/s DOB M F

Next Of Kin

Surname First Name

Middle Name/s Relationship.....

Address

Phone Home Work Mobile

Email

Legal Representative

Surname First Name

Middle Name/s Company

Address

Phone Work Mobile

Location of Will Updated

Doctor

Surname First Name

Surgery

Address

Phone Mobile

Email

In the Event of Death Notify

Name Relationship

Phone Home Work Mobile

Email

Name Relationship

Phone Home Work Mobile

Email

Name Relationship

Phone Home Work Mobile

Email

Name Relationship

Phone Home Work Mobile

Email

Membership

Organisation

Organisation

Organisation

Organisation

Completion of this Section is Optional

Bank Accounts

Bank Branch

Account Name Account No.....

Bank Branch

Account Name Account No.

Bank Branch

Account Name Account No.

Other Investments

.....

.....

Superannuation

Fund Name Account No.

Address

Phone

Life Insurance

Name of Company Policy No.

Address

Phone

Name of Company Policy No.

Address

Phone

Name of Company Policy No.

Address

Phone

Tax file No.

Private Health Cover

Fund Provider Member No.....

Address

Phone

Medicare No.

Location Of Important Papers

Birth Certificate

Marriage Certificate

Divorce Papers

Cheque Book / Credit Card

Insurance Papers

Private Health Card

Superannuation

Copies Current Will

Cemetery Or Cremation Deed

Property Titles

Service Record / Hire
Purchase Documentation

Funeral Fund Or
Investments

Funeral Insurance

Other Documents

My funeral wishes and relevant information

Funeral Service Venue

Address

Cortege Yes No

Crematorium

Ashes Memorial

Cemetery

Grave Reservation Or New

Clergy / Celebrant

Eulogy By

Funeral / Death Notices

Newspaper

Newspaper

Music Selection 1

Music Selection 2

Music Selection 3

Music Selection 4

Bible Reading 1

Other Reading / Poems

Preferred Coffin / Casket

Clothing

Valuables 1

Valuables 2

Valuables 3

Flowers For Casket

Type / Colours

Flowers Or No Flowers by Request

Donations Preferred To

Type of Ceremony

Involvement By

Verteran's Tribute

Clubs / Organisation

My funeral wishes and relevant information

National Flag

Yes No

Pall

Yes No

Pallbearers

Yes No

1 2 3

4 5 6

Cremation Risks

Cardiac Pacemaker

Yes No

Other Implants

Yes No

Other Request

Full Name

Signature

Date

Witness Name

Signature

Date