

My Funeral Wishes

Do I have a Pre-Paid Funeral Yes No

Details.....
.....

Who is my preferred Funeral Director

Name

Address..... Ph

Who is to deliver my Eulogy

Name

Who is to carry my coffin

- | | |
|---------|---------|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

What type of flowers would I like on my coffin

Special music to be played

Music / Hymn Artist

Music / Hymn Artist

Music / Hymn Artist

In which papers would I like notices placed

Bendigo Yes No Melbourne Herald Sun Yes No

Melbourne Age Yes No Other

Is my Jewellery to be left on

Wedding Ring Yes No Other

I would like to be dressed in specific clothing

.....
.....

FUNERAL PLANNING SECTION

My Personal Information

Christian Names

Surname

Address

Date of Birth /..... /..... Religion

Place of Birth - City..... State

If born overseas - Year arrived in Australia

Citizenship Australian Yes/No Nationality.....

Pension Type Pension No.....

Main occupation during working life

1st Marriage Details

Date of Marriage /..... /.....

Spouse Name.....

(Wife's Maiden Name)

Place of MarriageCity.....

Spouses Date of Birth /..... /.....

Spouses Place of Birth - City State

Subsequent Marriage Details

Date of Marriage /..... /.....

Spouse Name.....

(Wife's Maiden Name)

Place of MarriageCity.....

Spouses Date of Birth /..... /.....

Spouses Place of Birth - City State

Parents

Father's Name

Father's Occupation

Mother's Name

Mother's Maiden Name

Mother's Occupation

Funeral Planning Section

My Children's Details

Name

Address..... Ph

Date of Birth /..... /.....

Name

Address..... Ph

Date of Birth /..... /.....

Name

Address..... Ph

Date of Birth /..... /.....

Name

Address..... Ph

Date of Birth /..... /.....

Name

Address..... Ph

Date of Birth /..... /.....

My Next of Kin

Name

Address..... Ph

My Executors

Name

Address..... Ph

Name

Address..... Ph

Funeral Planning Section

My Solicitor

Name

Company

Address..... Ph

My Bank

Name

Address..... Ph

My Doctor

Name

Address..... Ph

My Financial Adviser

Name

Company

Address..... Ph

My Insurance Agent/ Broker

Name

Company

Address..... Ph

People to be notified at the time of my passing...

Name Ph

Name Ph

Name Ph

Name Ph

Name Ph

Name Ph

Name Ph