

A Time to Plan



My Funeral
Arrangements

- ◆ “Helping you celebrate the life of your loved one in the way they deserve.”
- ◆ “It is not about the price, it is about the value of celebrating the life.”
- ◆ “The first rule in funerals is there are no rules.”
 - ⇒ whatever seems appropriate, or significant, is proper.
 - ⇒ If a song has meaning – it should be sung.
 - ⇒ If there are special people who can share meaningful thoughts and insights into the life of a person, they should be heard.
 - ⇒ If there are special things that have meaning to the person, have them at the service.
- ◆ It is not always just about the service, but the after-care that will be provided by our caring, compassionate staff.
- ◆ Our service is available 24 hours, 7 days a week. Our team of dedicated, caring staff will meet with you in the comfort of your home, at any time that suits you.
- ◆ The service we offer is personalized, professional, appropriate and at all times, discreet.



In the event of my death, the following information has been recorded here to help family members organize my funeral. The information collected here will help ensure that the funeral service is carried out in line with my wishes.

I hope that in providing this information, I am able to spare you, my loved ones, from potentially difficult decisions at what I understand may be a troubling time. It may also serve to reassure you that the funeral service that you are arranging is as I would have wanted.

Remember, my funeral is held principally for your benefit - not my own. Take comfort from the ceremony and allow yourself this precious opportunity to grieve and grow through your loss.

Personal Information

Full Name _____

Address _____

Date of Birth _____

Place of Birth _____

Religion _____

Local Church _____

Occupation _____

Are you of Aboriginal or Torres Strait Island Origin? _____

Nationality

By Birth _____

By Naturalisation _____

Date of Naturalisation _____

Resident of Australia Since _____

Wife/Husband

Full (Maiden) Name _____

Date of Birth _____ Place of Birth _____

Date of Death _____ Place of Death _____

Date and Place of Marriage _____

My age when I was married was _____

Details of Previous Marriage(s)

Full (Maiden) Name _____

Date and Place of Marriage _____

Date of Death _____ Place of Death _____

Information regarding my parents

Father's given names _____

Surname _____

Trade, profession or occupation is/was _____

Mother's given names _____

Mother's maiden name _____

Trade, profession or occupation is/was _____

Children

Name _____ Date of Birth _____ Date of Death _____

Name _____ Date of Birth _____ Date of Death _____

Name _____ Date of Birth _____ Date of Death _____

Name _____ Date of Birth _____ Date of Death _____

Other relevant contacts

Name and Address of Family Doctor _____

Name and Address of Solicitor _____

Date and Location of last Will _____

Name and Address(es) of Executor(s) _____

Funeral Wishes

I would like my funeral to leave from (name and address of Church, Funeral Chapel etc):

I have an allotment in _____ Cemetery.

Details are as follows: _____

The last person buried in this allotment was _____

on (date) _____ or I wish to be buried with _____.

I have no reserved allotment but would like to be buried in _____

Lawn/Monumental * Cemetery (* delete which is not applicable).

I request that I am cremated at _____ Crematorium

and that my ashes be _____.

Preferred Minister/Celebrant _____

Type of service required _____

Flowers Yes/No Donations in lieu of flowers to _____

Hymns, songs or special requests _____

Please place funeral notices in the following newspapers _____

Other special instructions _____

In the event of death

I would like the following persons notified of my passing:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Membership

List of Clubs and Organisations I would like to participate in my funeral _____

Other Information

I have a pre-arranged/pre-paid Funeral Benefit Plan with (Name and Address of Company)

I have a Life Insurance Policy with (Name and Address of Company) _____

_____ Policy Number: _____

I have Superannuation with (Name and Address of Company) _____

I have private Health Cover with (Name and Address of Company) _____

_____ Member Number: _____

Bank Account Details

Name and Branch of Bank _____

Account Name _____ Account Number _____

Name and Branch of Bank _____

Account Name _____ Account Number _____

Name and Branch of Bank _____

Account Name _____ Account Number _____

File Numbers

Centrelink File No. _____

Tax File No. _____

Veterans Pension No. _____

Driver's Licence No. _____

Location of Important Papers

Birth Certificate _____

Marriage Certificate _____

Savings Bank Book and Cheque Book _____

Share Certificates/Bonds/Securities, etc _____

Personal Insurance Policies _____

Private Health Insurance/Medicare Care Cards _____

Superannuation Papers _____

The original and any copies of my Will _____

The Deed for each piece of real estate:

My Home _____

Other pieces of real estate _____

The Insurance Policies on my property:

My Home _____

Other pieces of real estate _____

Service Record and Discharge Certificate _____

Location of any other documents (please specify) _____

Signature: _____

Date: _____

Witness: _____ Date: _____

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Gayndah

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