

*[www.arrangeyourfuneral.com.au](http://www.arrangeyourfuneral.com.au)*

## **Funeral Arrangement & General Enquiry Form**

This form has been designed for prearranging a funeral on-line.

Our caring, professional staff are able to meet with you in our office or the comfort of your own home if you would prefer or require assistance, please call us on 1300 266 224.

### **Information Request**

Click on a check box if you require us to send you information on a service we provide (multiple boxes may be checked).

Please send me information for the following:

- Cremation with no ceremony
  - Cremation with funeral service
  - Burial
  - Repatriation (returning a person back to their place of origin)
- 
- An at need funeral (today's prices)
  - Prepaid funeral with payment over 3 years
  - Prepaid funeral with one lump sum
  - Pre-arranged Funeral Only (no funds prepaid)
  - Prearranged funeral and paying in installments from \$50 per month

# Funeral Prearrangement

You can complete it on-line then print and/or e-mail it, or print off the form and write your details and return it to us by post or fax.



Affordable Family Funerals  
PO Box 545  
ACACIA RIDGE QLD 4110



Fax: (07) 5546 6413  
Phone: 1300 266 224

The personal information contained in this form is what is required by a funeral director to complete the various legal forms for registration of a death and organising a funeral.

- A meeting with a funeral director will still be required at the time of need to sign the forms required by law;
- You have no obligation to pay for your funeral at this time, but we can assist you with a prepaid funeral fund if you chose;
- Changes can be made to your funeral arrangements when necessary;
- These funeral arrangements are kept in our secure premises until they are amended or required;
- Please enter details of the person **for whom the funeral is being arranged**.

## PERSONAL INFORMATION for the person whom the funeral is being arranged

First name: \_\_\_\_\_  
Middle name(s): \_\_\_\_\_  
Last name: \_\_\_\_\_  
Name you prefer to be called: \_\_\_\_\_  
Current residential address: \_\_\_\_\_  
Suburb \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## NEXT OF KIN

Full name: \_\_\_\_\_  
Current residential address: \_\_\_\_\_  
Suburb \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**EXECUTOR**

Full name: \_\_\_\_\_  
Current residential address: \_\_\_\_\_  
Suburb \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**OTHER DETAILS**

My will is lodged with: \_\_\_\_\_  
My solicitor is: \_\_\_\_\_  
I have a funeral plan with: \_\_\_\_\_  
I have Life Insurance with: \_\_\_\_\_  
My family doctor is: \_\_\_\_\_

**PERSONAL INFORMATION REQUIRED BY LAW**

This information is required to register a death with the Registry of Births, Deaths, and Marriages

Gender:  Male  Female  
Date of birth: \_\_\_\_\_  
Usual occupation: \_\_\_\_\_  
Birthplace: Town, State, Country \_\_\_\_\_  
Period of residence:  All my life  From \_\_\_\_\_ (year)  
Do you have Aboriginal or Torres Strait Islander descent?  Yes  No  
Marital status:  Never Married  Married  Widowed  Divorced  Separated  
Previously married  Yes  No  
Family details: Father's name: \_\_\_\_\_  
Father's occupation: \_\_\_\_\_  
Mother's name: \_\_\_\_\_  
Mother's maiden name: \_\_\_\_\_  
Mother's occupation: \_\_\_\_\_  
Current marriage details: Place of marriage: \_\_\_\_\_  
Age when married: \_\_\_\_\_  
Spouse's name: \_\_\_\_\_  
Previous marriage details: Place of marriage: \_\_\_\_\_  
Age when married: \_\_\_\_\_  
Spouse's name: \_\_\_\_\_

Children: Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (write 'D' after birthdate Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 if child now deceased) Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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 Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FUNERAL SERVICE DETAILS**

Public or private:  Public  Private  
 Public or private:  Church  Our Chapel  
 Crematorium Chapel  Graveside  
 Other (please indicate) \_\_\_\_\_  
 Viewing:  Yes  No  Family to decide  
 Clergy or Celebrant:  Clergy Denomination: \_\_\_\_\_  
 Celebrant  Male  Female  
 Coffin or Casket:  Coffin  Casket  
 Name (if decided): \_\_\_\_\_  
 Cremation or Burial:  Cremation  
 Location: \_\_\_\_\_  
 Ashes Placement:  Urn  
 Ashes scattering (sea)  
 Ashes scattering (land)  
 Ashes scattering (air)  
 Interment in existing gravesite  
 Sent to: \_\_\_\_\_  
 Other \_\_\_\_\_  
 Burial  
 Location: \_\_\_\_\_  
 Grave type:  Lawn grave  
 Lawn monumental grave  
 Monumental area  
 Other \_\_\_\_\_

Newspaper Notices:  The Courier-Mail (Brisbane)  Gold Coast Bulletin  
 (you can choose more than one)  Tweed Daily News  Toowoomba Mercury  
 Queensland Times  Other \_\_\_\_\_

RSL/Lodge/Clubs/Associations to be notified:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

RSL service required:  Yes  No

Flag required:  Yes  No Country: \_\_\_\_\_

Music:  Musician (organist/soloist)  CD/tape  
 Song Choice: \_\_\_\_\_  
 Song Choice: \_\_\_\_\_  
 Song Choice: \_\_\_\_\_

Flowers:  Casket spray  Posy/bouquet  
 Single rose  Other \_\_\_\_\_

Donations:  Donations and flowers  Donations in lieu of flowers  
 If applicable, donations to: \_\_\_\_\_

Vehicles:  Mourning car(s)  Limousines

Pall bearers:  Family or friends  Funeral staff

Audio visual:  Audio tape the service  Video tape the service  
 Multimedia photo slideshow  Basic photographs taken

Other options:  Order of service  Prayer Cards  
 (you can choose more than one)  Catering  Other: \_\_\_\_\_

Other requests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please contact me:  Yes  No