

Funeral Details:

Notes:

FUNERAL ARRANGEMENTS

and personal record file

FOR:

-

-

Address:

Phone:



Where would you like your service to be held?

PO Box 555
Daylesford VIC 3460
(03) 5348 4878

www.chf.net.au
enquiries@chf.net.au
Find us on facebook &  

Who would you like as your Clergy/Celebrant?

What is your denomination?

Which Cemetery or Crematorium do you wish?

Do you have any Grave/Memorial details you would like?

Would you like any clubs to be notified?

Personal and Family Details

Your Name:

Place of Birth:

Date of Birth: ___/___/___

Pension No; _____

Medicare No; _____

Nationality: _____

Year you arrived in Australia (if applicable) _____

Marriage Details: Married Widow(er)
 Divorced Never Married
 Separated

Place of Marriage:

Age at Marriage: _____

Wife/Husbands Full Name:

Details of previous marriage (if applicable)

Children (Full names and D.O.B)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Occupation: _____

Parents Details:

Father: _____

His Occupation: _____

Mother: _____

Maiden Name: _____

Her Occupation: _____

Next Of Kin

Name: _____

Address: _____

Phone: (___) _____

Location of Will: _____

Solicitors Name and Address: _____

Executors Name and Address: _____

Details of any Pre-Arrangements or Pre-Payments:

Name and Address of Funeral Director: _____

Location of your copy of arrangements: _____