

PRE-PLAN FUNERAL FORM

DATE:	PHONE:	EMAIL:			
Are you interested in receiving information about Funeral Fund Investments? YES NO					
PERSONAL DETAILS					
SURNAME	BIRTH NAME / MAIDEN NAME	GIVEN NAMES			
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>			
DATE OF BIRTH	FULL DATE OF ARRIVAL IN AUSTRALIA IF BORN OVERSEAS				
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>				
PLACE OF BIRTH					
TOWN	STATE	COUNTRY			
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>			
USUAL RESIDENCE	USUAL OCCUPATION (IF RETIRED STATE FORMER OCCUPATION)				
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>				
SEX	IF PENSIONER (STATE NATURE)				
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> INDETERMINATE <input type="checkbox"/> INTERSEX <input type="checkbox"/> UNKNOWN	<input style="width:100%;" type="text"/>				
NAME OF MOTHER					
MAIDEN SURNAME	GIVEN NAMES	OCCUPATION			
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>			
NAME OF FATHER					
SURNAME	GIVEN NAMES	OCCUPATION			
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>			
MARITAL STATUS					
<input type="checkbox"/> MARRIED	<input type="checkbox"/> DEFACTO	<input type="checkbox"/> WIDOW/WIDOWER			
<input type="checkbox"/> DIVORCED	<input type="checkbox"/> NEVER MARRIED	<input type="checkbox"/> UNKNOWN			
MARRIAGE DETAILS (FIRST MARRIAGE)		MARRIAGE DETAILS (SECOND MARRIAGE IF APPLICABLE)			
PLACE OF MARRIAGE	<input style="width:100%;" type="text"/>	PLACE OF MARRIAGE			
AGE WHEN MARRIED	<input style="width:100%;" type="text"/>	AGE WHEN MARRIED			
TO WHOM	<input style="width:100%;" type="text"/>	TO WHOM			
NAMES OF CHILDREN (LIVING & DECEASED) INCLUDING LEGALLY ADOPTED		DATE OF BIRTH	SEX	LIVING	DECEASED
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: IF YOU HAVE MARRIED OR HAVE MORE CHILDREN THAN THE SPACE PROVIDED PLEASE WRITE EXTRA DETAILS ON A SEPARATE PIECE OF PAPER AND ATTACH TO THIS FORM.					
FUNERAL DETAILS					
I would like my funeral service to be held at: WOLLONGONG CITY FUNERALS					
OTHER LOCATION	PLEASE INDICATE WHERE				
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>				
Is the funeral service to (please choose one): Conclude at the location selected above Follow to a cemetery or crematorium					
If you have a preferred cemetery or crematorium, please provide name and details:					
MOUNTAIN VIEW CREMATORIA	OTHER	PLEASE INDICATE WHERE			
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>			
Refreshments served after service at Wollongong City Funerals			Life Story Presentation		
SPECIAL REQUESTS (Songs, flowers, RSL Service, etc)					
<input style="width:100%;" type="text"/>					
DO YOU HAVE FUNERAL INSURANCE OR FUNERAL FUND INVESTMENTS? YES NO					
IF YES PROVIDE DETAILS					
<input style="width:100%;" type="text"/>					
NAME OF RELATIVE OR FRIEND TO CONTACT				PHONE NUMBER	
<input style="width:100%;" type="text"/>				<input style="width:100%;" type="text"/>	
ADDRESS					
<input style="width:100%;" type="text"/>					