

## Funeral Prearrangement Form

To talk to our caring, professional staff or to arrange a meeting in our office or the comfort of your own home, please e-mail us or call us on 1300 266 224.

### Returning this Form

**Post:** PO Box 545, Acacia Ridge, QLD 4110

**Fax:** (07) 5546 6134

**Email:** [info@elysianfieldsfunerals.com.au](mailto:info@elysianfieldsfunerals.com.au)

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 choose.
- 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.



## Prearrangement Details

### Service to be Prearranged

- An at need funeral (today's prices)
- Prepaid funeral with payment over 3 years
- Prepaid funeral with one lump sum
- Prearranged funeral only (no funds prepaid)
- Prearranged funeral and paying in instalments from \$50 per month

## Your Details

### Personal Information (for the person whom funeral is being arranged)

First name:

Middle name(s):

Last name:

Preferred name:

Residential address:

Suburb:

State:

Pcode:

E-mail address:

Phone:

Mobile:

### Next of Kin

Full name:

Residential address:

Suburb:

State:

Pcode:

E-mail address:

Phone:

Mobile:

## Executor

Full name: \_\_\_\_\_

Residential address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Pcode: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Other Details

Solicitor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Will lodged with:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Funeral plan with:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Life insurance with:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Personal Information Required by Law

### Information for Births, Deaths & Marriages

Gender:  Male  Female Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Usual occupation: \_\_\_\_\_

Town, state and country of birth: \_\_\_\_\_

Time of residency:  All my life  From year: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander descent?  Yes  No

**Your Parents**

Father's name and occupation: \_\_\_\_\_

Mother's name and occupation: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

**Your Children (add "D" after names if deceased)**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Marital Details

Status:  Never married  Married  Widowed  Divorced  Separated

Current marriage (if applicable)	Place of marriage:
	Age when married:
	Spouse's name:
Previous marriage (if applicable)	Place of marriage:
	Age when married:
	Spouse's name:

## Funeral Service Details

Service Details	
Service:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Church <input type="checkbox"/> Our Chapel <input type="checkbox"/> Crematorium Chapel <input type="checkbox"/> Graveside <input type="checkbox"/> Other:
Location:	
Viewing:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family to decide at time of need
Officiator:	<input type="checkbox"/> Clergy, denomination: <input type="checkbox"/> Celebrant (Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female)

## Cremation/Burial Details

Type:	<input type="checkbox"/> Cremation <input type="checkbox"/> Burial
Location:	
Coffin/casket:	<input type="checkbox"/> Coffin <input type="checkbox"/> Casket <input type="checkbox"/> Product from our range: <input type="checkbox"/> Urn
(If cremation)	<input type="checkbox"/> Interment in existing grave
Ashes placement:	<input type="checkbox"/> Scatter at: Sea/Land/Air/Other: <input type="checkbox"/> Send to: <input type="checkbox"/> Other:
(If burial)	<input type="checkbox"/> Lawn grave <input type="checkbox"/> Lawn monument grave <input type="checkbox"/> Monument area <input type="checkbox"/> Other:

## RSLs/Lodges/Clubs/Associations/Newspapers to be Notified

Contact name:	Phone:
Contact name:	Phone:
RSL service:	<input type="checkbox"/> Yes <input type="checkbox"/> No Australian flag: <input type="checkbox"/> Yes <input type="checkbox"/> No
Newspapers: (one or more)	<input type="checkbox"/> The Courier Mail
	<input type="checkbox"/> Gold Coast Bulletin
	<input type="checkbox"/> Other:

## Other Details

Music:	<input type="checkbox"/> Musician (organist, soloist) <input type="checkbox"/> CD/tape: <input type="checkbox"/> Song choice: <input type="checkbox"/> Song choice: <input type="checkbox"/> Song choice:
Flowers:	<input type="checkbox"/> Casket spray <input type="checkbox"/> Posy/bouquet <input type="checkbox"/> Single rose <input type="checkbox"/> Other: <input type="checkbox"/> Donations and flowers <input type="checkbox"/> Donations in lieu of flowers
Donations:	If applicable, donations to be made to:
Vehicles	<input type="checkbox"/> Mourning car(s) <input type="checkbox"/> Limousines

