



## PERSONAL FUNERAL PROFILE

### Details of Person Responsible after my death

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### Details of Person Arrangements are for

Name \_\_\_\_\_

Address \_\_\_\_\_

Male  Female  Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

If born overseas, date of arrival in Australia \_\_\_\_\_

Usual occupation during working life \_\_\_\_\_

If Pensioner: Type \_\_\_\_\_ Number \_\_\_\_\_

Current Marital Status: Married  Widow/er  Divorced  Never Married

### Marriage(s)

Place of Marriage (1) \_\_\_\_\_ Age at date of marriage \_\_\_\_\_

Name of spouse (Give family name at date of marriage) \_\_\_\_\_

Place of Marriage (2) \_\_\_\_\_ Age at date of marriage \_\_\_\_\_

Name of spouse (Give family name at date of marriage) \_\_\_\_\_

Place of Marriage (3) \_\_\_\_\_ Age at date of marriage \_\_\_\_\_

Name of spouse (Give family name at date of marriage) \_\_\_\_\_

If more than three marriages, please attach a list

### Children's Details

Did the person have any children Yes  No  How many? \_\_\_\_\_

#### Given Names

#### Date of Birth

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

If more than eight children, please attach a list

### Parents Details of Person Arrangements are for

Father's given names \_\_\_\_\_ Father's surname \_\_\_\_\_

Father's occupation during working life \_\_\_\_\_

Mother's given names \_\_\_\_\_ Mother's surname \_\_\_\_\_

Mother's maiden name \_\_\_\_\_ Mother's occupation during working life \_\_\_\_\_



Details to assist with Funeral Arrangements

Funeral Service to be held at (Church/Chapel/Venue) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Burial  Cremation  Place of Cemetery/Crematorium \_\_\_\_\_

Existing Grave/Memorial Yes  No

If yes, please provide details \_\_\_\_\_

Deed holders details \_\_\_\_\_

Clergy/Celebrant Name \_\_\_\_\_ Phone \_\_\_\_\_

Family to obtain  Funeral Director to obtain  My Religion is \_\_\_\_\_

RSL Service Yes  No  Masonic Service Yes  No  Flag Yes  No

Other Service Yes  No  \_\_\_\_\_

Second Service (if applicable) Graveside/Crematorium \_\_\_\_\_

Private Family Attendance Only  Private Cremation (no attendance)  Private Burial (no attendance)

Coffin Bearers (if applicable)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Floral arrangements (type of flowers and colours) \_\_\_\_\_

Mourning Coaches/Limousines Yes  No  Number required \_\_\_\_\_

Viewing Yes  No  Rosary Night Prior Yes  No

Clothing (Family to provide)  Shroud (Funeral Director to provide)

Catering Yes  No  Venue \_\_\_\_\_

Family to organise  Funeral Director to organise  Estimate of people for catering \_\_\_\_\_

Musical choices • Recorded music  Organist  Vocalist  Piper  Other \_\_\_\_\_

Name of Hymns/Music/Songs to be played \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Funeral Notice • Standard  After Service  No Notices

Newspaper • Herald Sun  Age  Both  Other \_\_\_\_\_

Ending (if applicable) e.g. No flowers by request/Donation to \_\_\_\_\_

Doctors Details

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

People to notify \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information on this form will assist in the making of funeral arrangements and meeting legal requirements with government agencies

