

PERSONAL INFORMATION

FULL NAME

DATE

ADDRESS

DATE & PLACE OF BIRTH

RELIGION

LOCAL CHURCH

PROFESSION/OCCUPATION

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN

YES

NO

NATIONALITY

BY BIRTH

BY NATURALIZATION

DATE OF NATURALIZATION

RESIDENT OF AUSTRALIA SINCE

WIFE/HUSBAND

FULL (MAIDEN) NAME

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE & PLACE OF MARRIAGE

DETAILS OF PREVIOUS MARRIAGE(S)

FULL (MAIDEN) NAME SPOUSE

DATE AND PLACE OF MARRIAGE

DATE OF DEATH

PARENTS

FATHER'S NAME & OCCUPATION

MOTHER'S FIRST & MAIDEN NAMES & OCCUPATION

CHILDREN

FULL NAME	DATE OF BIRTH	DATE OF DEATH

OTHER RELEVANT CONTACTS

NAME & ADDRESS OF FAMILY DOCTOR
[Text input field]

NAME & ADDRESS OF SOLICITOR
[Text input field]

DATE & LOCATION OF LAST WILL
[Text input field]

NAME & ADDRESS(ES) OF EXECUTOR(S)
[Text input field]

FUNERAL WISHES

IT IS MY DESIRE THAT MY FUNERAL SERVICE BE HELD AT (CHAPEL, CHURCH, ETC)
[Text input field]

FLOWERS/NO FLOWERS [Text input field] **DONATIONS IN LIEU OF FLOWERS TO** [Text input field]

BURIAL/CREMATION AT [Text input field] **CORTEGE**
YES **NO**

GRAVE DETAILS/ASHES PLACEMENT
[Text input field]

PREFERRED MINISTER/CELEBRANT [Text input field] **HYMNS, SONGS OR SPECIAL REQUESTS**
[Text input field]

TYPE OF SERVICE REQUIRED
[Text input field]

OTHER SPECIAL INSTRUCTIONS
[Text input field]
[Text input field]
[Text input field]
[Text input field]

IN THE EVENT OF DEATH

PLEASE NOTIFY THE FOLLOWING PERSON(S) IMMEDIATELY

NAME	RELATIONSHIP	ADDRESS	TELEPHONE

MEMBERSHIP

LIST CLUBS & ORGANISATIONS AND SIGNIFICANT PUBLIC OFFICES HELD

OTHER INFORMATION

HOME

--

OWNED SINGLY / JOINTLY BY

--

MORTGAGED TO

--

LIST ANY INSURANCE POLICIES ON THE PROPERTY

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BANK ACCOUNTS

NAME & BRANCH OF BANK

ACCOUNT NAME

ACCOUNT No.

NAME & BRANCH OF BANK	ACCOUNT NAME	ACCOUNT No.

SUPERANNUATION

NAME & ADDRESS OF FUND

LIFE ASSURANCE

NAME & ADDRESS OF COMPANY

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POLICY No	FACE AMOUNT	LIFE ASSURED	PREMIUM
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NAME & ADDRESS OF COMPANY

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POLICY No	FACE AMOUNT	LIFE ASSURED	PREMIUM
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NAME & ADDRESS OF COMPANY

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POLICY No	FACE AMOUNT	LIFE ASSURED	PREMIUM
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PENSION(S) RECEIVED FROM

CENTRELINK FILE No.

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TAXATION FILE No.

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VETERANS PENSION No.

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FILE No.

--

SERVICE No.

--

HOSPITAL BENEFITS/FRIENDLY SOCIETY

NAME & ADDRESS OF ASSOCIATION/SOCIETY

LOCATION OF IMPORTANT PAPERS

BIRTH CERTIFICATE(S)

MARRIAGE CERTIFICATE(S)

SAVINGS BANK BOOK & CHEQUE BOOK

SECURITIES/SHARE CERTIFICATES/BONDS, ETC

PERSONAL INSURANCE POLICIES

MEDICAL BENEFITS/FRIENDLY SOCIETY/MEDICARE CARD

SUPERANNUATION PAPERS

THE ORIGINAL AND ANY COPIES OF YOUR WILL

CEMETERY OR CREMATION DEED

THE DEED FOR EACH PIECE OF REAL ESTATE:
TO YOUR HOME

ON OTHER PIECES OF REAL ESTATE

THE INSURANCE POLICIES ON YOUR PROPERTY:
ON YOUR HOME

ON OTHER PIECES OF PROPERTY

SERVICE RECORD AND DISCHARGE CERTIFICATE

LOCATION OF PENSIONER CARD (CENTRELINK, VETERANS AFFAIRS)

LOCATION OF ANY OTHER DOCUMENTS (SPECIFY)

PREPAYMENTS OR FUNERAL INVESTMENTS

FUNERAL ASSURANCE

SIGNATURE

SIGNATURE OF WITNESS

DATE



NOTES

A large rounded rectangular area with a blue border, containing 20 horizontal light blue lines for writing notes.

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