

Next of Kin:

Name: _____

Address: _____

Phone: _____

FUNERAL ARRANGEMENTS

Church / Chapel / Graveside & Details of venue

Cemetery or Cremation: _____

Special Requests: _____

It is advisable to provide a copy to your Funeral Director and a close member of your immediate family



H O R S H A M & D I S T R I C T
F U N E R A L S

Personal Record & Funeral Details

Name: _____

Address: _____ Post code: _____

Horsham & District Funerals
23 Pynsent Street, Horsham 3400
(03) 5382 1149

Record the date you are filling out these details: / /

FAMILY DETAILS

Information Required By Funeral Director For Registration Of Death Certificate

Family Name : _____

Given Names : _____

Place and Date of Birth:

If born overseas, age on arrival and years in Australia

Marriage Details:

Married Partner Widow/er Divorced Single

Place, Age & Date of Marriage:

Spouse : _____

Full Maiden / Family name

If any previous marriages please complete details on separate sheet

Pension Number (if applicable) :

Occupation during working life

Children: (please list from oldest to youngest, add their full names, marriage names, and dates of birth)

Your parents details:

Father full name and occupation

Mothers full maiden name & occupation
