

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

DATE OF BIRTH FULL DATE OF ARRIVAL IN AUSTRALIA IF BORN OVERSEAS

PLACE OF BIRTH

TOWN STATE COUNTRY

USUAL RESIDENCE USUAL OCCUPATION (IF RETIRED STATE FORMER OCCUPATION)

SEX ☐ FEMALE ☐ MALE ☐ INDETERMINATE ☐ INTERSEX ☐ UNKNOWN IF PENSIONER (STATE NATURE)

NAME OF MOTHER

MAIDEN SURNAME GIVEN NAMES OCCUPATION

NAME OF FATHER

SURNAME GIVEN NAMES OCCUPATION

MARITAL STATUS

☐ MARRIED ☐ DEFACTO ☐ WIDOW/WIDOWER ☐ DIVORCED ☐ NEVER MARRIED ☐ UNKNOWN

MARRIAGE DETAILS (FIRST MARRIAGE)

MARRIAGE DETAILS (SECOND MARRIAGE IF APPLICABLE)

PLACE OF MARRIAGE PLACE OF MARRIAGE

AGE WHEN MARRIED AGE WHEN MARRIED

TO WHOM TO WHOM

NAMES OF CHILDREN (LIVING & DECEASED) INCLUDING LEGALLY ADOPTED

DATE OF BIRTH

SEX

		☐ M ☐ F	☐ LIVING ☐ DECEASED
		☐ M ☐ F	☐ LIVING ☐ DECEASED
		☐ M ☐ F	☐ LIVING ☐ DECEASED
		☐ M ☐ F	☐ LIVING ☐ DECEASED
		☐ M ☐ F	☐ LIVING ☐ DECEASED

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: H.Parsons Funeral Home ☐ WOLLONGONG ☐ BULLI ☐ DAPTO ☐ WARILLA

☐ OTHER LOCATION PLEASE INDICATE WHERE

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

☐ Refreshments served after service at H.Parsons Funeral Home ☐ Life Story Presentation

SPECIAL REQUESTS (Songs, flowers, RSL Service, etc)

DO YOU HAVE FUNERAL INSURANCE OR FUNERAL FUND INVESTMENTS? ☐ YES ☐ NO

IF YES PROVIDE DETAILS

NAME OF RELATIVE OR FRIEND TO CONTACT PHONE NUMBER

ADDRESS

EMAIL FORM TO: info@hparsons.com.au