

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			IF PENSIONER (STATE NATURE)		
FEMALE MALE INDETERMINATE INTERSEX UNKNOWN					
NAME OF MOTHER					
MAIDEN SURNAME		GIVEN NAMES		OCCUPATION	
NAME OF FATHER					
SURNAME		GIVEN NAMES		OCCUPATION	
MARITAL STATUS					
MARRIED DEFAC TO 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