

Community Funerals Pre Need Arrangement form

First Name:	Middle Name:	Family Name:
Date of Birth:		
Residential address:		Post Code:
Details of any pre-paid funeral plan, funeral bond or funeral insurance (attach copies if possible):		
Service: Burial Service <input type="checkbox"/> Cremation Service <input type="checkbox"/> Unattended cremation <input type="checkbox"/> Memorial service with Ashes <input type="checkbox"/>		
Venue for service:		
Cemetery name or location if burial:		
Prior plot reservation details if any:		
Celebrant / Minister & contact details:		
Viewing: Y / N		
Any particular clothing to be dressed in:		
Any jewelry, rings or other valuables to be worn:		
Other items to be placed in coffin:		
Flowers:		
Any charities for donations:		
Pall bearers: Y / N Details:		
Printed Order of Service: Y / N Details:		
Newspapers for notices:		
Music for service:		
Coffin selected:		
Other:		
Your postal address:		
Your contact phone numbers:		
Your email address:		
Your Signature:		Date:
Contact person to enact funeral arrangements or next of kin		
Full name:		
Relationship:		
Residential Address:		Post Code:
Postal address:		Post Code:
Phone number:		
Mobile number:		
Email address:		