

WILL YOU PLEASE PRE-ARRANGE MY FUNERAL

At the time of my death, I wish B.J. Brady Funeral Directors to take care of funeral arrangements. Please file the following information in order to relieve my family of the burden of decision making when this happens.

Full Name: _____

Current Residential Address: _____

Town/Suburb: _____

Postcode: _____

Country: _____

Phone Number: _____

Mobile: _____

FUNERAL INSTRUCTIONS

Funeral Company: B.J. Brady Funeral Directors

Place of Funeral

Address: _____

Crematorium

Do you wish to have a further service at the crematorium?

Yes

No

Cemetery

New Grave

Reserved Grave

Re-open of existing family grave

Name of person already buried there: _____

Date of death: _____

Date of burial: _____

Do you wish to have a further service at the graveside?

Yes

No

Whom do you wish to lead the service?

Member of clergy

Civil Celebrant

Other

Title: _____

Name: _____

Address: _____

Phone Number: _____

Mobile: _____

Funeral Advertising

Do you want the funeral

publicly advertised

not advertised (private)

Type of funeral advertisement

death notice

funeral notice

Coffin / Casket

solid timber

particle board

craftwood

timber veneer

timber appearance

metal

Colour / Finish: _____

Military Commemoration

Australian Flag, Australian White Ensign, RAAF Ensign or other (please specify): _____

Last Post, Reveille Lament and Ode _____

RSL Sub-Branch to notify or

Ship

Unit

Corps

Campaign Association to notify

Service Organisations (Rotary, Lions, CWA etc.) _____

Masonic Service

Lodge: _____

Contact: _____

Phone Number: _____

Personal Information



Full Name: _____

Current Residential Address: _____

Town / Suburb: _____ Postcode: _____ Country: _____

Phone Number: _____ Mobile: _____

Next of Kin

Full Name: _____

Current Residential Address: _____

Town / Suburb: _____ Postcode: _____ Country: _____

Phone Number: _____ Mobile: _____

Executor

Full Name: _____

Current Residential Address: _____

Town / Suburb: _____ Postcode: _____ Country: _____

Phone Number: _____ Mobile: _____

Birth Place

Town: _____ State: _____ Country: _____

Australian resident since - (date) _____

Do you have Aboriginal or Torres Strait Islander Descent? Yes No

Marital Details

Status Married Never Married Separated Divorced Widow / Widower

1st Marriage: Place: _____ Age when Married: _____

Full Name of Spouse: _____

2nd Marriage: Place: _____ Age when Married: _____

Full Name of Spouse: _____

3rd Marriage: Place: _____ Age when Married: _____

Full Name os Spouse: _____

Children's Details

Given Names: _____ DOB: / / Sex: _____

Given Names: _____ DOB: / / Sex: _____

Given Names: _____ DOB: / / Sex: _____

Given Names: _____ DOB: / / Sex: _____

Given Names: _____ DOB: / / Sex: _____

Parent's Details

Father's Full Name: _____

Usual occupation during working life: _____

Mother's Given Names: _____

Mother's Maiden Name: _____

Usual occupation during working life: _____

Employment Details

Usual occupation during working life: _____

Main tasks performed in that occupation: _____

SIGNATURE: _____ DATE: / /