
Very few people know when or where and under what circumstances they will die.

It makes good sense to make some preparations for that inevitable event.

Certain information is required at the time of death and sometimes you may be the only person who knows that information.

The information you record in this book will greatly assist those who make the arrangements for your funeral.

This information may not be required for many years, therefore you may need to update the details from time to time.

Keep your booklet in a safe place and let at least two of your family members know where it is kept.

The information can be helpful if you are planning to pre-pay your funeral.

Your Funeral director can use the details in his files and save your family having to give the information needed.

Peter J. Jackson

10 Fifth St

Merredin, W.A. 6415

Tel: (090) 411 054 -(08) 9041 1054

Fax: (090) 412 618 -(08) 9041 2618

To My Survivors

(When a person dies a doctor must be called in to establish death. In cases where a doctor is unable to sign a death certificate, the Coroner is called on to establish cause of death.

It would be wise to contact a friend or minister of religion at this time to assist and give comfort.

When the doctor has established death, the Funeral Director can then be called to arrange a time to transfer the one who has died to the Funeral Home.

Transfers can be arranged to suit the needs of the Family as some families desire time to say goodbye).

Initial Information

The following information will assist the initial procedures.

My family Doctor is:

Name:

Address.....

..... P/Code.....

Telephone

My Minister of Religion is:

Name:

Address.....

..... P/Code

Telephone

At the time of my death it is my desire that:

Peter J. Jackson

.....
(FUNERAL DIRECTOR)

Address..... ***10 Fifth Street***.....

..... ***Merredin***..... P/Code ***6415***

Telephone ***(090) 411 054 - (08) 9041 1054***.....

be notified and requested to attend to my arrangements.

Signed.....

I have already made arrangements with my Funeral Director

YES/NO

The executor of my estate is:

Name:

Address.....

..... P/Code

Telephone

who is to be notified as soon as possible.

My will is located:.....

.....

.....

Please notify the following people of my death as soon as possible.

Name

Address

.....

Telephone

Relationship

Name

Address

.....

Telephone

Relationship

Name

Address

.....

Telephone

Relationship

Name

Address

.....

Telephone

Relationship

Registration Details

It is important that you print these details clearly as this information will be used for the official registration of death. Incorrect information may cause difficulties with the registration.

My Full Name is

(GIVEN NAMES)

(SURNAME).....

My Place of Residence

.....

.....

.....

P/Code

Telephone

Sex: Male/Female

My Date of Birth

My Place of Birth.....

Town

State

Country

My Occupation

I arrived in Australia:

Date

I have lived in:

WA Years Qld Years

Vic..... Years NSW Years

Tas..... Years NT Years

SA Years ACT Years

My Father's Full Name:

.....
.....

My Father's Occupation:

.....

My Mother's Full Name:

.....

Maiden Surname

My Mother's Occupation:

.....

My Religion is:

.....

I am:

Single/Married/ Widowed/Divorced

My Marriage Details: First Marriage

Date of Marriage:

.....

Place of Marriage:

.....

Spouse: (Given Names)

.....

Surname/Maiden Name:

.....

Second Marriage:

Date of Marriage:

.....

Place of Marriage:

.....

Spouse: (Given Names)

.....

Surname/Maiden Name:

.....

Third Marriage:

Date of Marriage:

.....

Place of Marriage:

.....

Spouse: (Given Names)

.....

Surname/Maiden Name:

.....

List the full names and date of birth of ALL your children in order of birth. This includes stillborn, deceased and legally adopted children. Please write "(Dec)" after the birthdate of any children who have died. If any were not named write "Un-named" and state sex of child. E.g. "Un-named Male".

Children

1.....
GIVEN NAMES

.....
DATE OF BIRTH

2.....
GIVEN NAMES

.....
DATE OF BIRTH

3.....
GIVEN NAMES

.....
DATE OF BIRTH

4.....
GIVEN NAMES

.....
DATE OF BIRTH

5.....
GIVEN NAMES

.....
DATE OF BIRTH

6.....
GIVEN NAMES

.....
DATE OF BIRTH

7.....
GIVEN NAMES

.....
DATE OF BIRTH

Pension Details

I receive a Social Security Pension

YES/NO

Pension Number:

.....

Veteran Affairs Pension:

YES/NO

Pension Number

.....

Service Number

.....

Pre-Paid Funeral Details

I have pre-paid my funeral:

YES/NO

I have made these arrangements with:

Name:

.....

Address:

.....

.....P/Code.....

Telephone

Certificate Number

.....

Placement Wishes

The following details are suggestions only and are not binding but it is my desire they are taken into consideration.

I wish to be: Buried/Cremated

I would like to be buried:

CEMETERY

Area: Lawn/General

If possible I would like to be buried with:

FULL NAME

Date of their burial: (If applicable)

.....

* Grave Number

* Position of Grave

* These details can be obtained from your local Shire or Funeral Director.

Cremation Details

I would like to be cremated at:

CREMATORIUM

I have a pacemaker: YES/NO

I would like my ashes to be placed:

Niche Wall

Garden of Remembrance

.....

Rose Bush

Other placement wishes:

.....

.....

.....

Funeral Service

I would like a service:

1. At my Church
2. At the Graveside Only
3. In the Crematorium Chapel
4. I would like a service in my Home
5. I would like a private service
6. In my favourite Park
7. Other suggestions:

.....
.....
.....

If possible I would like the cortege to leave from my home YES/NO

If possible I would like the service to be conducted by

Name

Address

.....

Telephone

Anglican Requests

Thanksgiving ServiceYES/NO

Communion ServiceYES/NO

Prayer Book ServiceYES/NO

Catholic Requests

Vigil Prayer/RosaryYES/NO

Requiem MassYES/NO

Other Requests:

.....
.....
.....

Other Religious Requests

.....

.....

.....

.....

.....

.....

.....

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.....

.....

.....

I would like Flowers YES/NO

Favourite Flower

I would prefer donations to be made to:

.....

.....

.....

.....

.....

.....

.....

.....

I would like to be dressed YES/NO

.....

.....

.....

I don't mind, I will leave it up to my Family.

My Life

These details are not required by the Funeral Director but will assist the minister or person conducting the funeral to make it more personal.

Religious Details

Place and date of Baptism

.....

Other details eg. Positions Held

.....

.....

.....

Education Details:

I attended the following schools:

..... Year

..... Year

..... Year

..... Year

..... Year

I received the following degrees:

.....

.....

.....

.....

Occupational Details:

Record here, your employers, certificates held, your years of service, positions held.

.....

.....

.....

.....

Veteran Details

Date and Place of Enlistment

.....
.....
.....

Date and Place of Discharge

.....
.....
.....

Rank

.....

Service No

.....

Organisation or Outfit

.....

Place of Service

.....
.....
.....
.....

Commendations Received

.....
.....
.....

I would like my medals displayedYES/NO

I am entitled to have the
flag on my casket.

I would like the last post playedYES/NO

Document Directory

This is for those who survive you only.

Where to find:

Birth Certificate
.....

Marriage Certificates
.....

Bank and Cheque Books
.....
.....

Credit Cards
.....
.....

Insurance Policies
.....
.....

House Deeds
.....
.....

Cemetery Grant.....
.....

Other Documents
.....
.....