

Pre-Need Personal Details Record

Full Name_____

Usual Place of Residence_____

Date of Birth_____

Place of Birth_____

Year of arrival to Australia_____ Australian Citizen Yes / No

Occupation (During working life)_____ Aboriginal / TSI Religion_____

Medicare No._____ Centerlink No._____ Pension Type_____

Deceased's Marriage/s (please list from most recent)

Marital Status Married/Widow/Widower/Divorced/Single or Defacto (For Defacto year relationship started)

Age at Marriage Place of Marriage Name of Spouse (Maiden)

Current_____

2_____ Death/Divorce

1_____ Death/Divorce

Deceased's Children (Oldest to youngest Include also deceased children)

First Name Middle Name Surname D.O.B Sex

1_____

2_____

3_____

4_____

5_____

6_____

7_____

Deceased's Parents

Father's Name Surviving/Deceased Mother's Name (Maiden Surname) Surviving/Deceased

Occupation_____

Occupation_____

Next Of Kin Details

Name _____ Relationship _____

Date Of Birth _____ Phone (H) _____ (M) _____

Postal Address _____

Email Address _____

Choices to Consider (Circle your option where applicable)

- Service Location _____
- Celebrant/ Religious Minister _____
- Facebook/ Newspapers/ Radio _____
- Music _____
- Visual Presentation Yes/No
- Printed Orders of Service Yes/No
- Flowers Yes/No _____
- Viewing Yes/No
- Catering _____
- Livestream _____
- Additional Information