

CREMATION SERVICE INSTRUCTIONS & CONFIRMATION FORM

This form is to be completed and faxed to: Booking Clerk (02) 9606 6348

FUNERAL DIRECTOR COMPANY: **Fax:**

DECEASED AND SERVICE DETAILS:

Name of Deceased: _____ Date of Birth: _____
 Address: _____ Date of Death: _____
 _____ Sex: M F
 Marital Status: _____ Religion: _____ Clergy: _____
 Day & Date of Service: _____ Time: _____
 Type of Service: Full Service NSNA ED Chapel _____
 Pre Paid Fund: Yes No Details: _____
 Pre-Arranged Property: - Does the deceased have pre-arranged property YES NO
 Details: Eg: Garden Site, Rose Garden Location, etc _____

DETAILS OF APPLICANT

Mr/Mrs/Miss: _____ Family Name: _____ Given Names: _____
 Address: _____ Postcode: _____
 Phone No (Home): _____ (Business): _____ (Mobile): _____
 I request the cremation of the Late: _____
 Signature: _____ Relationship to Deceased _____
 Witness Full Name: _____ Signature: _____ Date: _____

CASKET DETAILS:

Casket Width: (including Handles): _____ Length _____ Height _____
 Total Weight Range (Weight of Deceased & Coffin Combined) 0-180kg 180-230kg 230-280kg 280-330kg
 Special Requirements _____

OTHER SERVICES REQUIRED

Record Service YES NO AV Presentation YES NO Heaven Address YES NO

FUNERAL DIRECTOR – I HEREBY CONFIRM THE ABOVE DETAILS

NAME: _____ DATE: _____

SIGNATURE: _____ BOOKING NO: _____

CREMATORIUM CONFIRMATION BOOKING DETAILS AS ABOVE

NAME: _____ SIGNATURE: _____ DATE: _____