

CONFIRMATION OF SERVICE BOOKING FORM



Please fax this form fully completed to 4362 1163

Funeral Director: FUNERAL ASSOCIATES _____

Please tick which is applicable

<input type="checkbox"/> Service Details	<input type="checkbox"/> Chapel	<input type="checkbox"/> Service Type
<input type="checkbox"/> Cremation	<input type="checkbox"/> Rose	<input type="checkbox"/> Meet at Palmdale
<input type="checkbox"/> Burial	<input type="checkbox"/> Hillside	<input type="checkbox"/> Meet/PRIVATE SERVICE
<input type="checkbox"/> Double Chapel	<input type="checkbox"/> Greenway	<input type="checkbox"/> Meet at Greenway - WITH Transfer to Palmdale Required
		<input type="checkbox"/> Meet at Greenway - NO Transfer to Palmdale Required
		<input type="checkbox"/> Graveside Service
		<input type="checkbox"/> Chapel Burial
		<input type="checkbox"/> Delivery Only
More than 150 people attending	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

Day of Service _____ Date of Service _____

Booking Time required for Palmdale _____ am / pm
 Greenway _____ am / pm

Clergy/Celebrant _____

Time & Details of Service at Church (if applicable) _____

Viewing Room Required YES NO Date of Viewing: _____

Cremation Site or Burial Details Pre-Need - site details _____
 Re- Open - site details & with whom _____
 New Grave _____

Casket size: Length: _____ Width: _____ (Must incl. Handles)

Service for deceased: _____ **Name:** _____

Sex: Male Female Date of Birth _____
 Date of Death _____

Applicant Details **Title:** _____ **Name:** _____
 Address _____
 Phone _____
 Relationship _____

Audio/Visual Equipment

Audio/Visual Presentation Yes No
 DVD Recording (Palmdale) Yes No
 Note DVD is supplied by Palmdale

Function Room time to be confirmed when booking service time.

Function Room Required Yes: No

Café staff to contact Name: _____
 Phone _____

