

FUNERAL DIRECTOR COMPANY: **Fax:**

DECEASED AND SERVICE DETAILS:	
Name of Deceased: _____	Date of Birth: _____
Address: _____	Date of Death: _____
	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Marital Status: _____	Religion: _____
	Clergy: _____
Day & Date of Service: _____	Time: _____
Type of Service: <input type="checkbox"/> Full Service <input type="checkbox"/> NSNA <input type="checkbox"/> ED Chapel _____	
Pre Paid Fund: <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____
Pre-Arranged Property: –	Does the deceased have pre-arranged property <input type="checkbox"/> YES <input type="checkbox"/> 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)	<input type="checkbox"/> 0-180kg <input type="checkbox"/> 180-230kg <input type="checkbox"/> 230-280kg <input type="checkbox"/> 280-330kg
Special Requirements _____	

OTHER SERVICES REQUIRED	
Record Service <input type="checkbox"/> YES <input type="checkbox"/> NO	AV Presentation <input type="checkbox"/> YES <input type="checkbox"/> NO
Heaven Address <input type="checkbox"/> YES <input type="checkbox"/> NO	South Chapel Only
	Webcast <input type="checkbox"/> YES <input type="checkbox"/> NO

FUNERAL DIRECTOR – I HEREBY CONFIRM THE ABOVE DETAILS

NAME: _____ DATE: _____

SIGNATURE: _____ BOOKING NO: _____

CREMATORIUM CONFIRMATION BOOKING DETAILS AS ABOVE

NAME: _____ SIGNATURE: _____ DATE: _____