

PRE-PLAN FUNERAL FORM



DATE: _____ PHONE: _____ EMAIL: _____

Are you interested in receiving information about Funeral Fund Investments? YES NO

PERSONAL DETAILS

SURNAME BIRTH NAME / MAIDEN NAME GIVEN NAMES

DATE OF BIRTH FULL DATE OF ARRIVAL IN AUSTRALIA IF BORN OVERSEAS

PLACE OF BIRTH
TOWN STATE COUNTRY

USUAL RESIDENCE USUAL OCCUPATION (IF RETIRED STATE FORMER OCCUPATION)

SEX IF PENSIONER (STATE NATURE)
FEMALE MALE INDETERMINATE INTERSEX UNKNOWN _____

NAME OF MOTHER
MAIDEN SURNAME GIVEN NAMES OCCUPATION

NAME OF FATHER
SURNAME GIVEN NAMES OCCUPATION

MARITAL STATUS
MARRIED DEFACTO WIDOW/WIDOWER DIVORCED NEVER MARRIED UNKNOWN

MARRIAGE DETAILS (FIRST MARRIAGE)	MARRIAGE DETAILS (SECOND MARRIAGE IF APPLICABLE)
PLACE OF MARRIAGE _____ AGE WHEN MARRIED _____ TO WHOM _____	PLACE OF MARRIAGE _____ AGE WHEN MARRIED _____ TO WHOM _____

NAMES OF CHILDREN (LIVING & DECEASED) INCLUDING LEGALLY ADOPTED	DATE OF BIRTH	SEX	LIVING	DECEASED
_____	_____	M F	LIVING	DECEASED
_____	_____	M F	LIVING	DECEASED
_____	_____	M F	LIVING	DECEASED
_____	_____	M F	LIVING	DECEASED
_____	_____	M F	LIVING	DECEASED

NOTE: IF YOU HAVE MARRIED OR HAVE MORE CHILDREN THAN THE SPACE PROVIDED PLEASE WRITE EXTRA DETAILS ON A SEPARATE PIECE OF PAPER AND ATTACH TO THIS FORM.

FUNERAL DETAILS

I would like my funeral service to be held at: RANKINS FUNERALS
OTHER LOCATION PLEASE INDICATE WHERE

Is the funeral service to (please choose one): Conclude at the location selected above Follow to a cemetery or crematorium

If you have a preferred cemetery or crematorium, please provide name and details:
MOUNTAIN VIEW CREMATORIA OTHER PLEASE INDICATE WHERE

Refreshments served after service at Rankins Funerals Life Story Presentation

SPECIAL REQUESTS (Songs, flowers, RSL Service, etc)

DO YOU HAVE FUNERAL INSURANCE OR FUNERAL FUND INVESTMENTS? YES NO
IF YES PROVIDE DETAILS

NAME OF RELATIVE OR FRIEND TO CONTACT PHONE NUMBER

ADDRESS
