

Funeral Checklist

We offer our services from all major crematoriums and cemeteries.

How: — the primary decision:	<input type="checkbox"/> Burial, or <input type="checkbox"/> Cremation
Type of Service:	<input type="checkbox"/> No attendance <input type="checkbox"/> Gathering at a crematorium chapel /graveside only <input type="checkbox"/> Private/family cremation/burial → memorial service <input type="checkbox"/> Church service → cremation/burial <input type="checkbox"/> Other (please provide details below):
Where:	<i>We offer services from all major crematoriums and cemeteries.</i> Church, crematorium chapel, or cemetery (please detail below):
Memorial Service Details: (please see accompanying information for funeral and memorial service options)	<i>Some people know a Minister of religion who will conduct a ceremony. Others nominate a religion and leave it to the funeral consultant to arrange, or opt for a civil celebrant.</i> <input type="checkbox"/> No formal ceremony <input type="checkbox"/> Family to organise <input type="checkbox"/> Consultant to organise — <input type="checkbox"/> Minister <input type="checkbox"/> Priest <input type="checkbox"/> Celebrant <input type="checkbox"/> Local Minister or Priest (please provide details below):
Death & Funeral Notices:	<i>There are several options regarding advertising for funerals. There is no legal requirement to put a notice in the paper.</i> <input type="checkbox"/> Death notice only <input type="checkbox"/> Death and funeral notice <input type="checkbox"/> Before cremation/burial <input type="checkbox"/> After the service as a matter of record <input type="checkbox"/> No advertising Newspaper details (please provide details below):
Flowers:	<i>You may wish to give some directions about floral tributes.</i> <input type="checkbox"/> No flowers <input type="checkbox"/> Family flowers for coffin only <input type="checkbox"/> Flowers welcome <input type="checkbox"/> Leave to people's discretion <input type="checkbox"/> Donations in lieu of flowers to Please provide details below:

Viewing:	<p><i>Would you mind if relatives and friends wanted to view your body? This could take place immediately before the funeral in the chapel, or in the evening before the service.</i></p> <p> <input type="checkbox"/> No viewing <input type="checkbox"/> A viewing for family who wish to <input type="checkbox"/> Funeral viewing — open coffin at service Comments (please provide below): </p>
Directions for Ashes	<p><i>Ashes are normally ready within one week of cremation, but with prior arrangement can be available within one working day.</i></p> <p> <input type="checkbox"/> To be scattered to the 4 winds <input type="checkbox"/> Leave at crematorium (crematorium to contact family) <input type="checkbox"/> Funeral consultant to collect and return <input type="checkbox"/> To be placed in a wall/garden <input type="checkbox"/> To be placed in an urn <input type="checkbox"/> Please specify (please provide details or further comments below): </p>
Coffin	<p><i>A standard pine-board coffin with teak wood-grain finish is provided in the fixed price. If you are interested in our coffin range please contact us for more examples.</i></p> <p> <input type="checkbox"/> I would like a different coffin. <input type="checkbox"/> I have selected the following solid wood coffin from the available range (please fill in the name of the coffin): </p>
Other things to consider	<p> * What music or hymns do you want at the service/gathering? * Do you want/entitled to RSL attendance (flag on coffin)? * Refreshment details? * Wording for memorial plaque? * People to be contacted in the event of death? * Do you have a pre-paid funeral bond? * A photo for an Order of Service booklet. </p> <p>Please provide details below:</p>

This form was completed by

On (date): Signed:

Please note: we recommend that this confidential form be filled in and left with your personal papers (next of kin or executor to be informed).

Information Statement

The information below is required by the Registrar of Births, Deaths and Marriages

Personal Details	
Surname:	
Christian Names:	
Better known as:	
Usual Address:	
How long at this address:	
Formerly of:	
Date of Birth	
Retired?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Pension Type:	
Usual Occupation during working life:	
Place of Birth:	
If born overseas, what year did you arrive in Australia?	
Father's Full Name:	
Mother's Full maiden name:	
Present Marital Status:	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widow or Widower <input type="checkbox"/> Unknown <input type="checkbox"/> De-Facto (please provide details on the next page).

First Marriage (provide details of any marriage)	
Full name of spouse at marriage:	
Age at marriage:	years
Place of Marriage:	
Second Marriage	
Full name of spouse at marriage:	
Age at marriage:	
Place of Marriage:	
Any subsequent marriages:	<input type="checkbox"/> YES (Please indicate here and provide details in the space overleaf)
De-Facto Relationship (at time of Death)	
Age at commencement:	years
Partner's given names:	
Partner's surname at commencement of relationship:	
Children's Details (all offspring and legally adopted children)	
	Full Name Date of Birth
Child 1:	
Child 2:	
Child 3:	
Child 4:	
Any subsequent children:	<input type="checkbox"/> YES (Please indicate here and provide details in the space overleaf)
Next of Kin Details	
Name	Address Telephone
Other Details (Required for Health Department Forms)	
Executor details:	
Usual Doctor's name and address:	

Notes	
Subsequent Marriage Details:	
Subsequent Children's Details:	

I certify that the information given is correct, and I understand the Law provides a penalty for failure to provide information or for the provision of false information.

Name

Address

TelephoneSigned.....

Relationship to the named person:

Date:

Please note: once the death has been registered by us with the Registrar of Births, Deaths and Marriages, amendments will incur a fee.

Fax this document to: 02 9484 4060
E-mail as an attachment to: admin@nonono.com.au