



My Funeral Preferences

My funeral preferences

PERSONAL DETAILS

Title: _____ Given Name(s) _____

Last Name: _____ Marital Status: _____

Address: _____

Suburb: _____ Post Code: _____

Phone: _____ Email: _____

Place of Birth: _____ Date Of Birth: / /

Usual Occupation: _____ ☐ Retired

Name of Wife / Husband / Partner: _____

Contact Details: _____

MARRIAGES

List all marriages or registered relationships of the deceased starting with the earliest
Do not include details of de facto relationships. Please indicate whether a Marriage **(M)**
or a Registered Relationship **(R)**.

If more than one, attach a separate sheet with details.

Place of Event <small>Town/city and Australian State or town/city and country if overseas</small>	Marriage or Registered Relationship	Age at Event <small>Years</small>	Full name(s) of spouse / registered partner <small>At time of event</small>

CHILDREN

If deceased, please indicate with a **D** next to the name

Name	Date of Birth	Sex

PARENTS

Father's Given Name(s): _____

Surname: _____ Occupation: _____

Mother's Given Name(s): _____

Maiden Surname: _____ Occupation: _____

NEXT OF KIN

Name: _____

Contact Details: _____

EXECUTOR

Name: _____

Contact Details: _____

MY FUNERAL PREFERENCES

Service Instructions

I would like: ☐ A burial service ☐ A cremation service

I would like my service to be held at: _____

I would like my service to be conducted by: _____

I would like a flag on my coffin: ☐ Australia ☐ New Zealand ☐ Union Jack

☐ Other: _____

Coffin Instructions

I would like: ☐ A coffin ☐ A casket Selection: _____

Ashes Instructions

☐ Urn ☐ Placement ☐ Scatter (Location): _____

Viewing Instructions

☐ I do not want a viewing or open coffin

☐ I want a viewing for ☐ Family only ☐ All

I would like to be dressed in:

☐ A favourite outfit ☐ Uniform ☐ Nightwear ☐ Costume

☐ Other: _____

I would like to wear the following jewellery / accessories: _____

Transport

I would like my family to be transported in:

☐ Provided vehicles ☐ Their own vehicles

Flowers

☐ I would like these varieties: _____

☐ Instead of flowers, I would prefer donations to a charity / charities: _____

Memoriabilia

I would like the following items to be displayed at my service:

☐ Medals ☐ Trophies ☐ Musical instrument _____

☐ Artwork: _____ ☐ Photos: _____

☐ Other: _____

Pallbearers

☐ I would like the following pallbearers at my service:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Funeral Notice Instructions

I would like my funeral notice to appear in:

☐ Newspaper(s): _____

☐ Traditional Funerals' Tribute Centre

Multimedia Preferences

- ☐ I would like a pictorial presentation of my life shown at the service
- ☐ I would like an Order of Service produced for handing out at the service
- ☐ I would like the theme of the Order of Service to be: _____

I would like this music to be played at the service:

☐ Live music by:

☐ Organist / Pianist ☐ Bagpiper ☐ Musician _____

☐ Bugler ☐ Other _____

☐ Pre-recorded songs:

1. _____ 2. _____
3. _____ 4. _____

After Service Celebrations

I would like my family and friends to celebrate my life at:

- ☐ A catered gathering at the chapel
- ☐ A function at a family member's home
- ☐ A catered gathering at a club or similar: _____
- ☐ Other: _____

☐ I would prefer that there is no after service celebration

Other Requests

Please make any other requests here:

IMPORTANT INFORMATION

This document only covers a few of the potential funeral service options available to you. If you would like to discuss your options further, please contact us and we will arrange for a company representative to meet with you to talk about your preferences in more detail.

Once you have completed this document please ensure that you keep it in a safe place with all of your other personal documents. It is also a good idea to make at least two other friends and / or family members aware of its location. In addition, if you would like to provide a copy of the document to us, we will store it for you as a safe-keeping measure. In this case, be sure to let your family / friends know that we have a copy for safe-keeping. Also, should you provide us with a copy of your preferences, it is important that you notify us of any changes in your preferences, or circumstances, so that we always have the latest information available when required.

AUTHORISATION

The above preferences are my wishes at this time.

Signature: _____ Date: / /

Witnessed: _____ Date: / /



IF YOU NEED IMMEDIATE ASSISTANCE

CALL 1800 672 331

24 HOURS A DAY, 365 DAYS A YEAR

HEAD OFFICE & CHAPEL

636 Morayfield Road, Burpengary QLD 4505

Phone: (07) 3888 6633 (All Hours)

Fax: (07) 3888 6733

REDCLIFFE OFFICE & CHAPEL

17 Anzac Avenue, Redcliffe QLD 4020

Phone: (07) 3284 7333 (All Hours)

BRIBIE ISLAND OFFICE

6/19 Benabrow Avenue, Bellara QLD 4507

Phone: (07) 3408 6633 (All Hours)

Visit Us Online

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Or Email

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