

To plan a funeral, simply complete the details below and submit to the AFDA Member Funeral Director of your choice. Alternatively, print out the downloadable version of the form, complete all relevant details and file it with your personal papers for when the need arises.

Planner's Contact Details

Title: _____ Phone Number: _____
Surname: _____ Mobile: _____
Given Name(s): _____ Email: _____
Address: _____ Suburb: _____ State: _____ Postcode: _____

The details listed below cover many of the questions a Funeral Director will ask when arranging a funeral. Please feel free to complete as much of this form as you like.

Details

Title: _____
Surname: _____
Given Name(s): _____
Sex: _____
Address: _____
Suburb: _____
State: _____ Postcode: _____
Phone Number: _____
Mobile: _____
Date of Birth: _____
Place of Birth: _____
Years in Australia (if born overseas): _____
Occupation (during working life): _____
Pension Details: _____
Organ Donor: _____
Doctor's Name: _____
Doctor's Address: _____
Doctor's Phone Number: _____

Parents

Father's Full Name: _____
Father's Occupation during working life: _____
Mother's Full Name: _____
Mother's Maiden Name: _____
Mother's Occupation during working life: _____



Marital Status

Marital Status: _____
If married, Spouse's Full Name: _____
Spouse's Maiden Name: _____
Date of Marriage: _____
Place of Marriage: _____
If widowed, Spouse's Full Name: _____
Date of Spouse's death: _____
Place of Spouse's death: _____

Children

Children's Full Names	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Next of Kin

Name: _____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Phone Number: _____

Executor

Name: _____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Phone Number: _____

Solicitor

Name: _____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Phone Number: _____

Will

Location: _____



Funeral Preferences

Preferred Funeral Director: _____

Place of Funeral Service: _____

Burial or Cremation: _____

Cemetery/Crematorium Choice: _____

Existing grave/memorial details: _____

Pallbearers:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

I wish for my cremated remains (ashes) to be: _____

Religion: _____

Ethnic Customs: _____

If Church Service, name of Church: _____

Celebrant's Name: _____

Military Service: _____

Family Customs: _____

Member of any Associations/Clubs/Societies: _____

Death Notice/Funeral Notice - name of Newspaper: _____

Flowers: _____

If no flowers, I would prefer people/mourners/friends/relatives to make a donation to this charity: _____

Hymns, readings, poem preferences: _____

Musical preferences: _____

Viewing: _____

Rosary/Vigil: _____

Memorial Book: _____

Memorial Cards: _____

Audio Visual presentation of photos: _____

Order of Service/Mass Booklets: _____

Refreshments: _____



Further Instructions or Requests

Additional Comments

This document is a guide and is in no way legally binding