

PRE-ARRANGE YOUR OWN FUNERAL

The following information is collected when a death occurred. It is not unusual for the person who is making the arrangement not to know some of the information, and this can cause considerable personal distress. The fact that the person does not know is immaterial as the word "Unknown" can be used to answer the question. Nevertheless, the person can feel that they have let down the deceased and or the family by not knowing some of the information

By taking the time to complete the form below and filing it in a safe place or contacting **Academy Funerals** and having them logged as a pre-arranged funeral you will be saving your family considerable stress at one of the most vulnerable times of their lives.

Fax to: (07) 3261-9199 or Post to:
Academy Funerals
P O Box 5232
Brendale
Queensland 4500

[For Pre-Paid Funeral Please contact Ashley or Katrina on 07 3261 8222](#)

PERSONAL DETAILS

First Names:			
Surname (Family Name):			
Gender:	Male	Female	
Current Residential address:			
Usual Occupation during working life:			
Place of Birth Town City State			
If born overseas. Year of arrival in Australia?	Years		
Are you an Aboriginal?	Yes	No	
Are you a Torres Strait Islander?	Yes	No	
Marital Status:	Never Married	Married	Widow/Widower
	Divorced	De Facto	
If Widow/Widower date of death of husband or wife	/ /	Place of death. Town, City State country	
Marriage Details. (First Marriage)			
Place of marriage Town, City, State Country		Your age at date of marriage	Years
Place of marriage Town, City, State Country (Second Marriage)		Your age at date of marriage	Years
Place of marriage Town, City, State Country (Third Marriage)		Your age at date of marriage	Years

be held at:

I would prefer that:

My Cremation / Burial service is **NOT** attended by family or friends

I would prefer that:

My Cremation / Burial **TO BE** attended by my family and friends

I Would Prefer A **Clergy**
OR
Celebrant To Officiate At My Funeral
OR
Academy Funerals to appoint Clergy/Celebrant

Name, address and contact number of & religion of **Clergy**

Name, address and contact number of **Celebrant**

YES NO

The Coffin/Casket that I have chosen is:

(See photographs)

Coffin/Casket Name:

Colour of finish:

Colour of handles:

My floral arrangement:

Style:
Type of flowers:
Preferred Colour/s:

Newspaper Notice:
(A Newspaper notice is not mandatory)

Name Newspaper/s:

(Please write your newspaper notice on a separate page and attach it to this form)

Please play the following music:

Hymns

Songs

Instrumental

Please ensure that the following Bible Verses and or poems are included in my service:

Other requests:

Release Doves
Release Balloons
Have a live / Recorded Piper / Other Musician
Have the last post played live / Recorded

	Donations collected on behalf of:	
	Other	

Please have a Book that all my relatives and friends can sign	
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My Doctors Name, address & phone number	
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My pre-paid funeral is held by:	
--	--

My Last Will and Testament is held at:	
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My Advanced Health Directive is held at:	
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The executor/s of my estate are:	Name & Telephone Number:
	Name & Telephone Number:
	Name & Telephone Number:
	Name & Telephone Number:

This is a true copy of my funeral requests: _____

Name: _____

Signature: _____

Witness: _____

Witness Name: _____

Witness Address & Telephone number: _____

Date: / /20

**PLEASE ENSURE
ACADEMY FUNERALS
Ph: 07 3261 8222
ARE CONTACTED TO TAKE CARE OF MY WISHES WHEN I PASS AWAY**