

PLANNING AHEAD

Personal Details

PARKSIDE FUNERALS

Is this booklet being completed together with a Parkside Funerals Pre-Paid Funeral Bond? Yes No Title: Mrs Ms Miss Mr Other: **Surname: Surname at Birth: Given Name(s):** Non-Binary Gender: Male Female Other: Date of Birth: Place of Birth (Suburb, State/Territory, Country): If born overseas, date of arrival in Australia: Usual Residence (Suburb, State, Postcode, Country): **Home Number: Mobile Number:**

Email Address:

I identify as Aboriginal or Torres Strait Islander origin:
No Yes, Aboriginal Yes, Torres Strait Both
Usual occupation during working life:
I am retired: Yes No
I am registered in the UTAS Body Bequest Program:
No Yes Reference:
Name of responsible person following my death:
Address (Suburb, State/Territory, Postcode):
Phone Number:
This person is my Executor: Yes No
If not, name of Executor:
Address (Suburb, State/Territory, Postcode):
FUNERALS
Phone Number:
My Will is held with (Solicitor's details):



My Family

PARKSIDE FUNERALS

Relationship Status:
Married Widow/er De-Facto Relationship
Divorced Never Married
Marriage/Relationship 1
Given Name(s) of Partner:
Surname of Partner (at birth):
Male Female
Place of Marriage (Suburb, State, Country):
Date of Marriage:
Marriage/Relationship 2
Given Name(s) of Partner:
Surname of Partner (at birth):
Male Female
Place of Marriage (Suburb, State, Country):
Date of Marriage:
Marriage/Relationship 3 Given Name(s) of Partner:
Surname of Partner (at birth):
Male Female
Place of Marriage (Suburb, State, Country):
Date of Marriage:

Children

1. Given Name(s):		
DoB:	Adopted:	Deceased:
2. Given Name(s):		
DoB:	Adopted:	Deceased:
3. Given Name(s):		
DoB:	Adopted:	Deceased:
4. Given Name(s):		
DoB:	Adopted:	Deceased:
5. Given Name(s):		
DoB:	Adopted:	Deceased:
6. Given Name(s):		
DoB:	Adopted:	Deceased:
7. Given Name(s):		
DoB:	Adopted:	Deceased:
8. Given Name(s):		
DoB:	Adopted:	Deceased:
	Parents	
Father/Parent's name:		
Mother/Parent's surname	e:	
Mother/Parent's maiden	name:	
Mother/Parent's given na	ame(s):	



My Wishes

PARKSIDE FUNERALS

My Funeral Service

I would like my Funeral Service to be held at (chapel, church, venue):

Address:
Phone Number:
I wish to be:
Cemetery:
I am to be buried on my own: Yes No
I am to be buried with: DoD:
I have a reservation: Yes No
If yes, details:
My wishes for my cremated remains are:
I would like my Funeral Service led by:
Celebrant Clergy Family/Friend
Name and Phone Number:
Coffin/Casket Selection:
I would like these people to carry my coffin/casket:

Newspaper Notices

I would like a Death Notice placed in:
The Advocate The Examiner The Mercury
Other (please specify):
I would like a Funeral Notice placed in:
The Advocate The Examiner The Mercury
Other (please specify):
I would like a private Funeral and no Press Notices to be placed.
Flowers
No Flowers by request: Yes No
In lieu of flowers, I would prefer donations to the following charity:
I would like the flowers in my coffin/casket arrangement to include (colour/variety):
Clothing and Preparation
I wish to be dressed in:
F II N F R A I S
I prefer to be clean shaven: Yes No
Jewellery: Stay on Remove and return to Next of Kin
Other jewellery/special requests:

Additional Requests

Viewing	Yes	No No	Family to decide
Memorial Book	Yes	☐ No	Family to decide
Order of Service	Yes	☐ No	Family to decide
Photo Presentation	Yes	☐ No	Family to decide
Photo Board/Easel	Yes	☐ No	Family to decide
Candle Lighting	Yes	☐ No	Family to decide
Refreshments	Yes	☐ No	Family to decide
Other special requests:			
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Musical Preferences

I would like:	
Recorded Music Live Musician	Organist/Pianist
□ Vocalist □ Piper	Other (specify):
Music Choice	es
Gathering:	
Entrance:	\$ 270
Musical Reflection:	
Photo Presentation:	
Placement of Flowers:	
Leaving:	
Walking to Graveside:	ΔΙς
Committal:	
Other:	

Funeral Service Content

I present the below information to assist those preparing my eulogy/tributes. Where I grew up: Some of my earliest memories: The best time I ever had: **Hobbies/Special interests:**

The most important people in	n my life			
Where I worked:				
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My accomplishments:				
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My proudest moments:				
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Something most peop	le don't k	know about m	ne:	
Clubs/Community gr	oups:			
RSL Bow	ls/Golf/Te	ennis clubs	Lions	Rotary
Other (please spe	ecify):			
Other (please spe	City).			
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Please acknowledge t	ne ionowi	ing people/org	ganisations at n	ny tunerat:
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I would like the follow	ving displ	layed at my fu	unovol:	
Medals	Art	t/Craft work	Photos	
Sporting items	Otl	ner (please spe	ecify):	

I would	d like	the follo	wing reac	d at my	funeral	(poem/	letter etc)):	
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The information in this booklet is to as	ssist my family and others with the
preparation of my funeral service.	
I grant permission for my Nomir to make changes.	nated Responsible Person/Executor
These arrangements are to remai	n unchanged.
Signature:	
Date:	
On completion of this Planning Ahea	d booklet, please send the original copy
to:	
Parkside Funerals	Or bring it to our offices:
PO Box 1025	254 East Cam Road
Burnie TAS 7320	Burnie TAS 7320

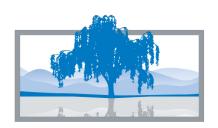
(email info@parksidefunerals.com.au if completed online)

We will enter your details and requests into our Pre-Arranged Funerals database. Once completed, we will forward you the original and an additional copy in the mail, together with a comprehensive quote at today's prices, and suggest that you keep a copy with your other important documents.

The second copy may be given to your Next of Kin, or whoever will be responsible for finalising your funeral arrangements.

For any further information, or if you would like to go ahead with a Pre-Paid Funeral Bond, please call our office on

(03) 6433 4010.



254 East Cam Road
PO Box 1025
Burnie TAS 7320
03 6433 4010

info@parksidefunerals.com.au