



GIVE YOUR FAMILY PEACE OF MIND

*The information provided on this form is to assist the Priest, your family and the Executor/s of your estate to organise your funeral.
Please complete as desired.*

PERSONAL INFORMATION

Surname _____

Christian Name/s _____

Familiar name/nicknames _____

Name to be used during the service _____

Address _____

Phone Number/s _____

Email address _____

Place of birth _____ DOB _____

If born outside Australia, date of arrival _____

Usual occupation _____

Father's name _____

Occupation _____

Mother's maiden name _____

Occupation _____



Next of Kin _____

Relationship to you _____

Email address _____

Phone Number/s _____

Executor/s _____

Email address _____

Phone Number/s _____

My Will is held by _____

A copy of this document has been given to _____ and it is located



MARRIAGE/PARTNER PARTICULARS

Present Marital Status (please tick as appropriate): Married
Divorced Widow/er Never married Partner

• **First Marriage/Partner**

Spouse (including maiden name)

Date of marriage _____

Place of marriage _____

• **Second Marriage/Partner**

Spouse (including maiden name) _____

Date of marriage _____

Place of marriage _____

• **Third Marriage/Partner**

Spouse (including maiden name) _____

Date of marriage _____

Place of marriage _____



Children (names and DOBs of all children in birth order, including those deceased)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____



Grandchildren (names of all children in birth order, including those deceased)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____



Great Grandchildren (*names of all children in birth order, including deceased*)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____



FUNERAL INFORMATION *Please delete as appropriate:*

I have/have not prepaid my funeral/cremation

I have/have not left instructions with a Funeral Director

My preferred Funeral Director is _____

Email address _____

Phone Number _____

I wish to be **buried/cremated**

Details if grave/cremation reserved: Section _____ Row _____ Number _____

I wish to have a **Funeral Service/ Memorial Service** at (location)

I wish my service to be a: Prayer Service Eucharist Graveside
Funeral Directors Chapel Other _____

Interment of Ashes – where would you eventually like your ashes to rest?

In your home garden St Matthew’s Memorial Garden

A favourite place (name) _____

Cemetery local/elsewhere name _____

THE SERVICE



- Do you want a Eucharist Service? Yes/No
- Readings/Poems (*One or more readings*): _____

- Hymns/Songs _____

Other (e.g., Organ, Soloist, Choir, Congregational singing, recorded music):

- **Music** (when and where played) Church / Graveside / Crematorium _____

- Would you like a **photo tribute**? Yes/No

- Music for Photo Tribute? _____



- Do you have any preference regarding **flowers** or donation in lieu of flowers? Yes/No

- Flower requests _____

- Donation requests _____

- Coffin request _____

- Would you like to use one of the St Matthew's Palls to cover the casket/coffin? Yes/No Colour: violet royal blue

- Any person or group you would like notified? Yes/No (name and contact number) _____

- Would you like a Guard of Honour? Yes/No

Group to form Guard of Honour (contact) _____

- Would you like a tolling Bell (no cost)? Yes/No Or a Peal of bells (at a cost)? Yes/No

- Any other requests / comments? _____



THE WAKE

Would you like a wake following your funeral? Yes/No

What type of celebration would you like it to be?

Suggested venue: _____ Alcohol/ No-alcohol

I have read the contents of this form and confirm that it contains my preferences as at the date below. I know I can change this information at any time but do acknowledge that such changes would need to be in writing or by replacing this form.



I have given a copy of this Form to my Executor/Family Member stated earlier in this document.

Sign _____

Print name _____

Date _____

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