

Please Send this Form to:
PO BOX 991 Parramatta NSW 2124
Kevin Perram Funerals

Personal Details

Surname _____

Christian name _____

Occupation _____

Sex _____ Date of Birth ____/____/____

Marital Status _____

Residential Address _____

Post Code _____

Place of birth _____ State _____

If not born in Australia state date of arrival ____/____/____

Father's Surname _____

Father's Christian name _____

Mother's Surname _____

Mothers Christian name _____

Suburb/Town Married _____

Age When Married _____

Married to whom _____

Give Similar Detail for any other Marriages

Children's First Name

Date of Birth

____/____/____
____/____/____
____/____/____
____/____/____

Nature of pension _____

Personal Wishes

Funeral Director Preferred _____

My Funeral has been pre-arranged with the above Funeral Director?

YES

NO

Funeral Preferences?

Burial

Cremation

Service Desired?

Church

Chapel

Other

Religion _____

Lodge _____ R.S.L. _____

Other _____

Persons to be Notified _____

Any Special Instructions _____

FOR EXECUTOR OR NEXT OF KIN

Location of Will: _____

Bank Account and Building society details _____

Location of Insurance Policies _____

Other Documentations _____