

**Death & Funeral Notices**

- Public, advertise in newspaper
- Private, advertise after the funeral
- No notices

**Viewing**

- No viewing, identification only
- Viewing for family only     General viewing

**Flowers**

- Preference for flowers on the coffin
- .....
- Floral tributes welcomed
- Donation in lieu of flowers to .....
- .....

**Music**

- Family to select     Personal selections
- .....
- .....

**Printing**

- Mass Booklet     Order of Service
- Hymn Sheets     Memoriam Cards
- Bookmarks     Other

**Eulogy**

- Prefer no eulogy
- Brief eulogy by family member / friend
- Prepared written eulogy only
- As desired by family

**Other special instructions**

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I have given considerable thought to the above details.  
They should be

- Followed strictly     Used for guidance only

Signed

Date ..... / ..... / .....

**FH TREVELION**

**FUNERAL**

**SERVICES**

A committed South Australian  
family business

**FH TREVELION**

**FUNERAL SERVICES**

ABN 13 007 887 247  
www.adelaidefunerals.com.au

**8296 8000**

All hours

**Office Locations**  
348 Brighton Rd Hove 5048

**Record of Preferred  
Funeral Arrangements  
of**

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## PERSONAL DETAILS

Registration of death is compulsory. All items listed below are required by the Registrar of Births, Deaths & Marriages.

Surname .....

Given Names (s) .....

Residential Address .....

..... Postcode .....

Date of Birth ..... / ..... / .....

Place of Birth .....

Arrived in Australia ..... / ..... / .....

Occupation .....

Main Task Performed .....

Retired  Yes  No

Aboriginal or Torres Strait Islander  Yes  No

Father's Name in Full .....

Mother's Maiden Name in Full .....

Marital Status .....

(married / divorced / widowed / never married)

First Marriage Date ..... / ..... / .....

Full Name of Spouse (former surname)

Second Marriage Date ..... / ..... / .....

Full Name of Spouse (former surname)

Third Marriage Date ..... / ..... / .....

Full Name of Spouse (former surname)

Children of all Marriage (show names / gender / date of birth)

M / F ..... / ..... / .....

M / F ..... / ..... / .....

M / F ..... / ..... / .....

M / F ..... / ..... / .....

M / F ..... / ..... / .....

M / F ..... / ..... / .....

M / F ..... / ..... / .....

M / F ..... / ..... / .....

Executor of Will (Name & Contact No)

Next of Kin (Name & Contact No)

### Currently

Self funded retiree

Receive a full / part pension

Receive a benefit from Dept of Veterans' Affairs

## FUNERAL DETAILS

Planning your funeral in advance allows you to describe the type of funeral you want. Try and discuss your choices with members of your family. Our staff are always available should you require any assistance.

### Funeral Preferences

Burial or  Cremation

### Burial

Cemetery Location .....

New site required for 1 / 2 / 3 burials

I have an existing grave located

Name and date of last burial if applicable

### Cremation

Ashes to be placed / scattered .....

Ashes to be retained by family

### Preferred Location for Cememony

Crematorium Chapel  Cemetery Graveside

Funeral Premises  Family Home

Church .....

Other, please specify .....

No Ceremony

### Preferred Priest / Minister / Celebrant

Priest / Minister .....

Contact at .....

Civil Celebrant  Funeral Director

Family Member  Other .....