



Arrangement Form

We have designed this form for you to pre-arrange your funeral. Print the form, fill in your details. Once complete you can post or fax it back to us.



Kings Australia
25 Myers Street
Geelong
VICTORIA 3220



Fax: (03) 5223 1174
Phone: (03) 5222 3688

Some of the information you provide is required by the Registrar of Births, Deaths and Marriages. Other information is necessary to apply for a Death Certificate, the Application for Cremation and/or the Order for Cremation or the Order for Burial.

- Please enter details of the person **for whom the funeral is being arranged.**
- A meeting with a Funeral Director will still be required to complete the arrangement process. If you encounter any difficulties when completing the form, the funeral director will assist you at the time you meet with them.
- There is no obligation to pay for your funeral at this time, and changes can be made to your funeral arrangements whenever necessary.
- The arrangement details are kept securely at Kings Australia until they are required.
- We do require a phone number or email address to be able to contact you.

Please enter details of the person for whom the funeral is being arranged.

PERSONAL DETAILS

First name	<input type="text"/>
Last name	<input type="text"/>
Residential Address	<input type="text"/>
Suburb/City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Postcode	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
Country of Birth	<input type="text"/>
Period of residence in Australia	<input type="checkbox"/> All my life <input type="checkbox"/> From _____
Main occupation	<input type="text"/>
Pension details (if applicable)	<input type="text"/>

MARRIAGE DETAILS

Marital Status	<input type="checkbox"/> Never married	<input type="checkbox"/> Married
	<input type="checkbox"/> Widow	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated

Previously married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Current Marriage Details

Place of marriage	<input type="text"/>
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Age when married	<input type="text"/>
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Spouse's name	<input type="text"/>
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Children's names and birth dates	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Previous Marriage Details (if applicable)

Place of marriage	<input type="text"/>	
Age when married	<input type="text"/>	
Spouse's name	<input type="text"/>	
Children's names and birth dates	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

FAMILY DETAILS

Father's name	<input type="text"/>
His Occupation	<input type="text"/>
Mother's Name	<input type="text"/>
Her Maiden Name	<input type="text"/>
Her Occupation	<input type="text"/>

FUNERAL SERVICE DETAILS

Location of Service

- Church
- Our Chapel
- Crematorium Chapel
- Other

Clergy or Celebrant

- Clergy**
Denomination _____
- Celebrant**
 - Male
 - Female

Coffin or Casket

- Coffin** (please select type)
 - Solid Timber
 - Particleboard
- Casket** (please select type)
 - Solid Timber
 - Protective Metal

Burial or Cremation

- Burial**
Location _____
Grave Type (please select type)
 - Lawn Grave
 - Lawn Monument Grave
 - Monument Area
 - Concrete Lined Grave
 - Other
- Cremation**
Location _____
Ashes placement (please select type)
 - Urn
 - Ashes scattering (sea)
 - Ashes scattering (land)
 - Ashes scattering (air)
 - In existing grave
 - Other

Newspaper Notices

- Geelong Advertiser
- Herald Sun
- The Age
- Other

Music	<input type="checkbox"/> Musician (e.g. organist, singer) <input type="checkbox"/> CD/Tape
Flowers	<input type="checkbox"/> Sheaf or wreath <input type="checkbox"/> Half sheaf or wreath <input type="checkbox"/> Posy <input type="checkbox"/> Single rose
Donations	<input type="checkbox"/> Donations and flowers, or <input type="checkbox"/> Donations in lieu of flowers <input type="checkbox"/> Donations made to _____
Order of Service	<input type="text"/> (the number of booklets required)
Prayer cards	<input type="text"/> (the number of cards required)
Catering	<input type="text"/> (the number of people expected)
Vehicles	<input type="checkbox"/> Mourning car(s) <input type="checkbox"/> Limousine(s)
Coffin Bearers	<input type="checkbox"/> Family or friends <input type="checkbox"/> Funeral staff
Audio Visual	<input type="checkbox"/> Audio tape the service <input type="checkbox"/> Video tape the service <input type="checkbox"/> Multimedia photo presentation <input type="checkbox"/> Basic photographs taken