

# MY FUNERAL PLAN

Lorem Ipsum Dolor

06-08-2015

# PERSON MAKING ARRANGEMENTS

## My Personal Details

|                              |   |                              |
|------------------------------|---|------------------------------|
| Name                         | : | Choi Albeso Chavezs          |
| Address                      | : | Test address1 Test address 2 |
| Suburb                       | : | D                            |
| Country / State / Province   | : | Victoria                     |
| Postcode / Zip               | : | 5564                         |
| Phone                        | : | 34343434                     |
| Mobile                       | : | 34343                        |
| Email                        | : | d@gmail.com                  |
| Relationship to the deceased | : | Next Of Kin                  |
| Funeral Budget               | : | Less than 4000               |
| Method Of Funeral Payment    | : | Cash                         |

I certify that I have the authority to organise the funeral arrangements listed in this plan

Date : 08-08-2015



## DETAILS OF DECEASED

|   |   |                              |
|---|---|------------------------------|
| Name  | : | Lorem Ipsum Dolor            |
| Address                                       | : | address 1 address 2          |
| Suburb  | : |                              |
| Country / State / Province                    | : | Australian Capital Territory |
| Postcode / Zip                                | : | 1212                         |
| Gender  | : | Male                         |
| Age   | : | 33                           |
| Height  | : | 33                           |
| Weight  | : | 333                          |
| Date Of Birth                                 | : | 02-08-1998                   |
| Place Of Birth                                | : | ddd                          |
| Country Of Birth                              | : | Bangladesh                   |
| Date Of Death                                 | : | 06-08-2015                   |
| Time Of Death                                 | : | am                           |
| Place Of Death                                | : | home                         |
| Place where deceased is currently resting:    | : |                              |
| Medical Certificate of Cause of Death issued: | : | Yes                          |

### Doctors Details

|                            |   |                                  |
|----------------------------|---|----------------------------------|
| Name                       | : | doctor doctorino doctor lastname |
| Address                    | : | Miami heat                       |
| Suburb                     | : |                                  |
| Country / State / Province | : | Australian Capital Territory     |
| Postcode / Zip             | : | 2323                             |
| Phone                      | : |                                  |
| Mobile                     | : |                                  |



Email : \_\_\_\_\_

Is the deceased person : Yes  
registered as an organ  
donor? \_\_\_\_\_

Does the deceased : Yes  
person have a pre-paid  
Funeral Plan? \_\_\_\_\_

### Funeral Director Details

Business Name : \_\_\_\_\_

Address : \_\_\_\_\_

Suburb : \_\_\_\_\_

Country / State / :  
Province \_\_\_\_\_

Postcode / Zip : \_\_\_\_\_

Phone : 123 \_\_\_\_\_

Mobile : 2312312 \_\_\_\_\_

Email : \_\_\_\_\_



## DETAILS OF COMMITAL

How would you like the deceased to be laid to rest? : Burial

### Burial details

Will the deceased be buried in a new grave or an existing grave? : New Grave

Name of Cemetery :

City :

State :

Do you have a preferred section of the cemetery? : Yes

Cemetery Area :

Section :

Number :



## DETAILS OF FUNERAL SERVICE

### Date And Time Of Service

Do you have a preferred day for the service? : monday

Do you have a preferred date for the service? : 08-08-2015

Do you have a preferred time for the service? : Morning

### Details Of Funeral Service

How many people do you estimate may attend the service? : 22

Would you prefer a private or public funeral? : Private

Do you require a single or double service? : Single

Where would you like the funeral service to be held? : Graveside

### Religion

Do you require a religious or non-religious service? : Religious

Name of religion/spiritual belief/philosophy : Wwww

### Viewings and Rosaries

Will you require a viewing or rosary? : Viewing

Do you require it to be private or public? : Viewing



Where would you like the viewing or rosary to be held? : Church

Do you have a preferred day and time for the viewing or rosary? : Monday

How many people do you estimate may attend the viewing or rosary? : 22

Will you require the body to be dressed in special clothing and jewellery for the viewing or rosary? : Yes

Special items of clothing or jewellery to be provided: : Ring

### Embalming

Do you require the body to be embalmed? : Yes

### Coffin Casket

What type of coffin or casket do you require? : Standard Coffin/casket

Budget : Less Than \$500

### Minister Or Celebrant

Do you have a minister, celebrant or person in mind to perform the service? : Yes

Name : Ddd

Email : dd@gmail.com

Phone : 34343433

### Eulogy

Do you require a eulogy at the service about the deceased persons life? : Yes



### Special Readings

Will you require any special readings to be read at the funeral service ? : No

### Funeral Notices

Do you require the funeral director to organise the funeral notices in the main newspaper? : No

### Funeral Transport

How do you want the body to be transported? : Hearse

Do you require limousines or mourning cars for the immediate family? : No

### What transport requirements do you require to and from the funeral service?

Pick Up Location :

Return location :

Special requests: (colour/special routes, etc) :

Do you require a funeral cortege? : Yes

### Floral arrangements

Do you require floral arrangements at the funeral? : No

### Donations

Would you prefer donations at the funeral service in lieu of flowers? : No

### Funeral Stationery





Do you require funeral stationery during the service? : No

### Music

Do you require music at the funeral? : No

### Musician and Singers

Will you be having a musician or singer perform at the funeral service? : No

### Media Tributes

Will you require any media/DVD tribute during the funeral service ? : No

### Pall Bearers

Would you prefer family/friend bearers OR bearers provided by a funeral director? : Family/friend

Name : Dsf

Relationship : Sdfsd

Sex : Dsfdsf

### Funeral Releases

Do you require a special funeral release during the service? : Yes

What type of funeral release do you require? : Doves

### Funeral Refreshments

Will you require refreshments at the venue immediately after the funeral service? : Yes

What type of menu will you require? : Tea/coffee



Estimated number of : Dsfdsfdsf  
people to be catered for

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**Other Special Requests**

Do you require any : No  
other special  
arrangements?



# AFTER THE FUNERAL

## Funeral Wake

Do you intend holding a :  
wake after the funeral  
service?

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## Collection Of Ashes

After cremation, how :  
would you like the  
cremated remains to be  
collected?

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## Urn or Casket

Do you require an urn :  
or casket for the  
cremated remains?

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## Special Requests

Do you have any :  
special requests for the  
ashes?

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## Memorials

Do you require any :  
form of memorial after  
cremation?

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Do you a preferred :  
stonemason to supply  
and fix the memorial?

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What would you like :  
written on the memorial  
(inscription)?

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