Please Send this Form to:

PO BOX 991 Parramatta NSW 2124

Chris Timmins 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 N	lame	Date of Birth	
Nature of pension	1		
Personal Wishes			
Funeral Director I	Preferred		
My Funeral has b	een pre-arranged wi	th the above Funeral Director?	
YES		NO	
Funeral Preference	ces?		
Burial \square		Cremation	
Service Desired?			
Church \square	Chapel \square	Other	
Religion			
Lodge		R.S.L	
Other			
Any Special Instr	uctions		

FOR EXECUTOR OR NEXT OF KIN
Location of Will:
Bank Account and Building society details
Location of Insurance Policies
Other Documentations