

# KINGSTON FUNERALS

## Personal Details - For Births, Deaths and Marriages

Family Name		Family Name at Birth*	
Given Names*		Also Known As	
Date Of Birth	...../...../.....	Date Of Death	...../...../.....
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Aboriginal or Torres Strait Island origin? <input type="checkbox"/> Yes <input type="checkbox"/> No

Main occupation during working life (1 only)			
Place of Birth*	Country		
	Suburb	State	
How many years in Australia*			

Residential Address*			
			Postcode

Place of Death*			
			Postcode

If you would like us to notify Centrelink/Medicare on your behalf please complete below	
Centrelink CRN (if known)	
Medicare Number (if known)	
Does your loved one have a pacemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Must provide a figure or answer

Parents of the deceased	Mother's family name	
	Mother's family name at birth	
	Mother's given name(s)	
	Mother's usual occupation	
	Father's family name at birth	
	Father's given name(s)	
	Father's usual occupation	

Marriage details - Please begin with most recent relationship				
Current (please select)	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single
	<input type="checkbox"/> Overseas Same Sex Marriage		<input type="checkbox"/> Civil Union	<input type="checkbox"/> Domestic Partner

*Partners family name means - the partner's full name at the time of the deceased's passing.	*Partner's family here			
	Date of marriage/union*	...../...../.....		
	Country		State	
	Suburb			

Previous Relationship	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single
	<input type="checkbox"/> Overseas Same Sex Marriage		<input type="checkbox"/> Civil Union	<input type="checkbox"/> Domestic Partner
	Partner's name prior to marriage			
	Date of marriage/union*	...../...../.....		
	Country		State	
	Suburb			

Previous Relationship	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single
	<input type="checkbox"/> Overseas Same Sex Marriage		<input type="checkbox"/> Civil Union	<input type="checkbox"/> Domestic Partner
	Partner's name prior to marriage			
	Date of marriage/union*	...../...../.....		
	Country		State	
	Suburb			

Children of deceased - Full names of children, state age (in age order), or if deceased, stillborn or age unknown					
Family Name	Family Name at Birth	Given Names	Age Today	Date of Birth	Life Status

If the deceased is aged under 18 years, please complete sibling information				
Full names of siblings				
Family Name	Given Names	Date of Birth	Place of Birth	Age Today

This is the person who will sign the paperwork and receive the Death Certificate	Family Name			
	Given Name(s)			
	Relationship			
	Address	<b>(No P.O. Boxes Please)</b>		
			Postcode	
	Email			
	Telephone			

Cremated remains instructions	
<input type="checkbox"/>	Applicant will collect cremated remains directly from crematorium
<input type="checkbox"/>	Cremated remains to be interred/held at crematorium
<input type="checkbox"/>	Funeral Director will collect cremated remains and hold for applicant
<input type="checkbox"/>	Funeral Director will collect cremated remains and deliver to applicant - \$75 charge
<input type="checkbox"/>	Funeral Director will collect cremated remains and deliver to cemetery for interment - \$75 charge

<b>Please confirm the accuracy of the above information</b>	
Print Name	
Signature	
Date	

<b>Office Use Only</b>			
Cremation/Burial will take place at:			
On	...../...../.....	Arranger	
BDM Registered by		Date	...../...../.....
Reg Number		Pos. Number	
Database	<input type="checkbox"/> Yes	Initials	