

Funeral Planning Book

A RECORD OF YOUR PERSONAL WISHES



ALEX  GOW
FUNERALS

...still family-owned

A CHECKLIST...

PAPERS THAT SHOULD BE IN ORDER AND KEPT IN A SAFE PLACE

■ Birth & Marriage Certificates

These documents are important family details.

■ Your Will

This is a legal document that expresses your wishes in regard to the distribution of your property after your death. It authorises a person (your executor) to act according to your wishes. It also prevents confusion arising among dependants, relatives and friends. Ensure that codicils are kept with your will. Your will should reflect your current wishes.

■ Property Deeds

These include titles to your house and land. They prove ownership of property. If the property is under mortgage, the original title will be held by the mortgagee (bank, building society etc.).

■ Taxation Records

You should keep copies of at least your most recent returns and assessments. This is necessary in deciding how to deal with financial affairs.

■ Lease Agreements

These papers provide details of property that you are leasing.

■ Insurance Policies

Include policies for house, contents, personal effects, income, loan and vehicle insurance. Records will contain rights under the policies as well as the procedures for renewal or cancellation.

■ Life Insurance/Superannuation Policies

These provide a record of the payments and income to which you are entitled.

■ Papers detailing other Assets: Shares, Debentures, etc.

These state your title to sometimes quite valuable property.

■ Details of Bank Accounts & Other Investments

This provides information as to where money is held.

The above papers should be kept in a secure place.

FUNERAL ARRANGEMENTS FOR

Title: _____ First Names: _____

Surname: _____

☐ Male ☐ Female

Date of Birth: _____ / _____ / _____ Religion: _____

Place of birth: _____
(State) (Country)

Address: _____

Suburb: _____ P/code: _____

Marital Status: _____ Pensioner: _____

Usual Occupation: _____

NEXT OF KIN

Title: First Names: _____

Surname: _____

Address: _____

Suburb: _____ P/code: _____

Relationship: _____ Phone: _____

EXECUTOR

Executor Name: _____ Phone: _____

PEOPLE YOU HAVE ADVISED OF THIS ARRANGEMENT

1. _____

2. _____

FUNERAL INFORMATION

☐ Burial ☐ Cremation

Place of Funeral Service: _____

Type of service: ☐ Service ☐ Prayers ☐ Requiem Mass ☐ Other _____

Committal service (If required) to be held at: _____

Name of cemetery: _____

If grave already purchased, grave number: _____

Name of crematorium: _____

Cremation Deed Number (if you have pre-purchased a cremation): _____

Clergy / Celebrant to officiate at the service: _____

Funeral notice ☐ Yes ☐ No

To be published in ☐ Courier Mail ☐ Other: _____

(Please see planning sheet on pages 9 and 10)

Type of coffin: _____

Coffins vary in style and price so it is best if you make an appointment with the funeral director to either choose a coffin from a selection at our premises or for them to visit you with a photo album in your own home.

Flowers for Floral Tribute on coffin: _____

(e.g. roses, daffodils, lilies or flowers in season)

Flag required on coffin? ☐ Yes ☐ No

Type of flag? _____

(e.g. Australian, Union Jack, White Ensign)

Last post required ☐ Yes ☐ No

Clothing to be worn: _____ Or ☐ Shroud provided by Funeral Director



MUSIC / HYMNS TO BE PLAYED

1. _____
2. _____
3. _____

PALL BEARERS

(If required) usually 6

Name	Name
Name	Name
Name	Name

DISPLAY OF MEMORABILIA?

☐ Yes ☐ No

Things to include: _____

Where to display: _____
(e.g. small table, on coffin, etc)

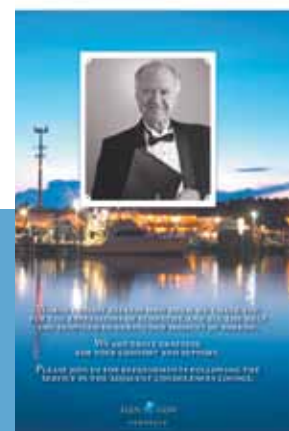
DO YOU WISH TO HAVE

An audiovisual presentation "Reflections of a life" ☐ Yes ☐ No
(Please see planning sheet on page 11)

Order of service sheets ☐ Yes ☐ No
(Please see planning sheet on pages 12 and 13)

Memorial Bookmarks ☐ Yes ☐ No
(Please see planning sheet on page 14)

Place of gathering for refreshments after funeral service:



IF A DEATH HAS OCCURRED AT THIS TIME

Date of Death: / /

Age at date of death:	Years	Months	Days

Place of death:

Marital Status:

☐ Never Married ☐ Married ☐ Widow/Widower

☐ Divorced ☐ De Facto ☐ Unknown

Retired at date of death? ☐ Yes ☐ No

Type of Pension: ☐ Aged ☐ Veteran ☐ Nil

INFORMATION REQUIRED BY LAW

When a death occurs, a legal obligation exists to register the death with the Registrar of Birth, Deaths and Marriages in that state.

The Following information is requested by the registrar as part of the process of registering the death. If you are unable to answer a question, please write "not known" in the allocated space.

If born overseas, in what year did you first arrive in Australia?

Are you of Aboriginal or Torres Strait Islander Origin?*

☐ No ☐ Yes, Aboriginal Origin ☐ Yes, Torres Strait Islander

*(If both Aboriginal and Torres Strait Islander, tick both "Yes" boxes)

If widow / widower insert date of death of wife / husband: / /

Place of death of wife/husband: _____
(Town/City) (State/Country)



MARRIAGE DETAILS

(If applicable)

If more than 3 marriages provide other details on a separate page. Do not include details of any de facto relationships.

First Marriage

Place of marriage: _____
(Town/City) (State/Country)

Deceased's age at date of marriage?	Years
-------------------------------------	-------

Name of husband or wife (Give full name at date of marriage)

First Names:

Surname: _____

Second Marriage

Place of marriage: _____
(Town/City) (State/Country)

Deceased's age at date of marriage?	Years
18-24	1.0
25-34	1.5
35-44	2.0
45-54	2.5
55-64	3.0
65-74	3.5
75-84	4.0
85+	4.5

Name of husband or wife (Give full name at date of marriage)

First Names: _____

Surname: _____

Third Marriage

Place of marriage: _____
(Town/City) (State/Country)

Deceased's age at date of marriage?	Years
18-24	1.0
25-34	1.5
35-44	2.0
45-54	2.5
55-64	3.0
65-74	3.5
75+	4.0

Name of husband or wife (Give full name at date of marriage)

First Names:

Surname:



CHILDREN OF THE DECEASED

Include legally adopted children. Enter in order of birth. If deceased, enter “D” in age column. If not born alive (stillborn), enter “SB” in age column. If no children of Deceased, write “None” in first column.

First Names	Date of Birth	Age	Sex

FATHER OF THE DECEASED

Father’s Name (First Names):

Surname:

Usual occupation during working life (e.g. Teacher, Clerk etc):

MOTHER OF THE DECEASED

Mother’s Name (First Names):

Maiden Surname:

Usual occupation during working life (e.g. Teacher, Clerk etc):



NEWSPAPER FUNERAL NOTICE PLANNER

Surname:

First Names:

Known as:

Nee

Late of:

And formerly of:

Passed away at/died:

On the:

Aged

Beloved Wife/Husband of:

Dearly loved Mother and Mother-in-law/Father and Father-in-law of:

Loving Grandmother/Great-Grandmother/Great-Great-Grandmother of:

Loving Grandfather/Great-Grandfather/Great-Great-Grandfather of:



Dearly loved Daughter/Son of:

And loved Daughter-in-law/Son-in-law of:

Loved Sister and Sister-in-law/Brother and Brother-in-law of:

Relatives and friends are respectfully invited to attend:

Funeral, to be held at:

Commencing at:

Followed by interment/committal at:

Donation details (If applicable):

At Rest/In God’s Care/Rest In Peace/At Peace/Other:



AUDIO VISUAL PLANNER

Name: _____

Date of Birth: _____

Date of Death: _____

PLANNING INFORMATION

Choose a number of pictures that you would like to be in the reflection. Once you have chosen your pictures in the order that you would like them to appear in the reflection, turn them over and place the removable numbered stickers provided on the photos from the first to be displayed (1) to the last (20-60) etc.

If you would like your background music to be played during the reflection, please write down the song title and artist below. As a guide, a song is approximately 3 minutes long and is usually suitable for approximately 20 images.

Song/s to be played:

COVER

Date of Birth: (If required)

Date of Death: (If required)

Caption / Quote Number:

Picture / Images:

(Attach picture / image for front and back cover)

SERVICE SHEET INSIDE PAGES

(Page 2 may include the Order of Service, poems, etc.,)

SERVICE SHEET INSIDE PAGES

(Page 3 may include hymns, prayers, poems)

BACK COVER

(Page 4 may include another image, thank you to mourners, invitation to refreshments)



MEMORIAL BOOKMARK PLANNER

Important Information: When arranging this service with the funeral director remember all relevant information needs to be delivered to our office by 9AM one working day before the funeral service. (i.e. if the funeral is on Monday images and music must be at our office by 9AM Friday)

Name: _____

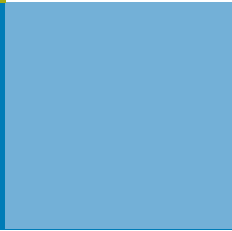
Date of Birth: (If required) _____

Date of Death: (If required) _____

Picture / Images: _____
(Attach picture)

Poem:







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BRISBANE

56 Breakfast Creek Road,
Newstead Q 4006

DECEPTION BAY

Tallowood Drive,
Deception Bay Q 4508

REDLANDS

4/17 Middle Street (Cnr Waterloo St),
Cleveland Q 4163

BROWNS PLAINS

2/11 Grand Plaza Drive,
Browns Plains Q 4188



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