

NOMINATED FUNERAL DIRECTOR FORM

(FOR AGED AND CARE FACILITIES)

In the event of the death of:

of (address / nursing home / care facility):

I hereby nominate **Sylvan Funerals** who may be contacted
24 hours of **(07) 3812 4000** to be engaged to assist in making
funeral arrangements .

Authorising Signature:

Name:

Relationship to Above Named:

Signature: Date: / /

If you would like a copy of our FREE 'Planning a Funeral' guide or wish to
organise a pre-arranged or pre-paid funeral, please contact us to make an
appointment either at our office or your residence on **(07) 3812 4000**.



FAMILY OWNED & OPERATED
VIC & GAYLENE SALOMON