



My Memorial Preferences

MAKING IT EASY



The information recorded in this book is to help my family and friends when arranging my memorial ceremony, in the event of my death. This information will help ensure that this is carried out to my wishes.

I hope that providing the information in this booklet, I am able to help ease the difficult decisions during this sad time. It may also help reassure you that the memorial ceremony you are arranging is as I would have liked.

You may face the challenges of balancing my wishes with what you would like.

Know that it is ok to put your needs first.

Remember, my memorial ceremony is being held for your benefit, not mine.

Take comfort from the ceremony and allow yourself this precious opportunity to grieve and grow through your loss.

Name:

Date:

My Details

My given names are:

My surname is: My maiden name was:

My date of birth is:

I would like my memorial to leave from/be held at (name and address of church, memorial chapel etc.):

.....
.....
.....

I have an allotment in Cemetery

Details are as follows:

.....

The last person buried in this allotment was: On (date):

I have no ground but I would like to be buried in Cemetery

I request that I am cremated at Crematorium

And that my ashes be:

.....

Registration of Death

The following information is required by government authority for registration of death:

My given names:

My surname: My maiden name:

Occupation:

Pension (aged, military, invalid) state which:

My date of birth is: I was born at:

If born overseas, the year I arrived in Australia was:

If widowed, please state date and place of death of wife or husband:

Date: Place:

My Grandparents' Details

My grandfather's given names:

My grandfather's surname:

My grandfather's occupation:

My grandmother's given names:

My grandmother's maiden name:

My grandmother's occupation:

My Parents' Details

My father's given names:

My father's surname:

My father's occupation:

My mother's given names:

My mother's maiden name:

My mother's occupation:

My Marriage Details

I was married at (1st) town: State: Country:

Age:

Given names: Surname:

I was married at (2nd) town: State: Country:

Age:

Given names: Surname:

My Children's Details

My children from eldest to youngest:

Name Date of birth: / /

Name Date of birth: / /

Name Date of birth: / /

Name Date of birth: / /

Name Date of birth: / /

Name Date of birth: / /

Name Date of birth: / /

Legal Details

My will is lodged with: who are to be notified as soon as possible.

My solicitor is:

I would like the following persons notified of my passing:

Name:

Relation: Phone:

Name:

Relation: Phone:

Name:

Relation: Phone:

Name:

Relation: Phone:

Name:

Relation: Phone:

Name:

Relation: Phone:

I have a memorial benefit plan with:

I have life insurance with:

Floral Tribute

- No flowers please. I would prefer a donation go to this charity:
- I love flowers and hope you would like to honour me with a floral tribute.....
- I particularly like the following flowers (type/colour):.....
- I really would not want:

Musical Preferences

I would like:

- Organist
- Singer
- Piper
- Recorded Music
- Other:

I would like the following music, hymns and/or songs at my memorial:

1.
2.
3.
4.

Requests

If available, I would be honoured if these people could be my pallbearers:

.....

.....

.....

YES NO FAMILY TO DECIDE

Viewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printed service books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bookmarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photo tribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photoboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candle lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balloon release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dove Release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refreshments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other personal touches:

.....

.....

.....

Personal Reflection

I offer the following personal reflections to help those preparing my eulogy.

Some special childhood memories are:

.....
.....
.....

My first job was:

.....
.....
.....

How I met my spouse:

.....
.....
.....

My favourite family memories (e.g. holidays, gatherings):

.....
.....
.....

Something that most people don't know about me (eg. embarrassing moments or phobias etc.):

.....

.....

.....

.....

Some of my personal achievements are:

.....

.....

.....

.....

Some of the proudest moments in my life are:

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.....

.....

.....

My life was significantly influenced by (may be people or events):

.....

.....

.....

.....

Notes

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