

My Funeral Director:

Name: Serenity Funerals
24 hours - 7 days

Phone: 1800 055 311

Location of My Pre Paid Funeral Plan:

My Church / Parish Priest / Minister:

Name: _____

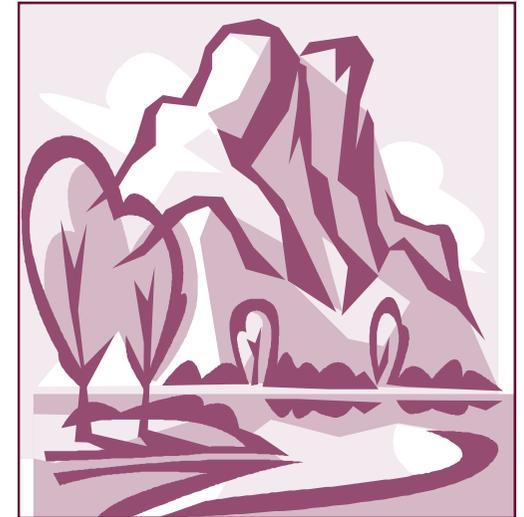
Phone: _____

My Cemetery Burial / Cremation details:

Name: _____

Location: _____

My Personal Record



Keep this document in a safe place
with your Will.

If you have a Family Member or Solicitor or
Executor with a copy of your Will, let them
know where you have kept this document, to
assist them at the necessary time.



Phone Free Call Number

1800 055 311

24 Hour Service

www.serenityfuneralservices.com.au

Phone Free Call Number

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24 Hour Service

My Personal Details

My Name:

Date of Birth: / /

Place of Birth: _____

Years in Australia: _____

My Occupation: (while working)

Marital Status:

Married Widowed

Divorced Never Married

Place of Marriage: _____

Age at Marriage: _____

Name of Spouse (at time of Marriage)

Other Marriages (if applicable) same as above

Place: _____

Age: _____

Names: _____

My Children:

Name: _____

Date of Birth: / /

My Parents:

Father's Name: _____

Surname: _____

Occupation: _____

Mother's Name: _____

Surname: _____

Mother's Maiden Name: _____

Occupation: _____

My Next of Kin: (if not spouse)

Name: _____

Phone: _____

My Solicitor / Executor:

Name: _____

Phone: _____

My Bank Details:

Bank: _____

Branch: _____

Acc Number _____

My Pension Details:

Type: _____

Number _____

My Licence Number:

My Doctor:

Phone: _____