

PERSONAL INFORMATION FORM

Complete this form and file it with your legal papers. It is worthwhile to attach a copy to your will as codicil, also give a copy to your next of Kin and Executor of your Will. Ensure your spouse/partner also completes a form. This information will assist completing a death certificate & fulfilling your wishes in the event of your death. It is not a legal document (unless it is processed with your will) but will assist your family with vital decision making. Also ensure you have a current will & legal will. (The following information is required for the death certificate)

SURNAME		
CHRISTIAN NAMES		
OCCUPATION	<i>if retired former occupation</i>	
USUAL RESIDENCE		
DATE OF BIRTH		
PLACE OF BIRTH	Town State / Country	If not born in Australia add year of arrival
PARENTS DETAILS		
FATHER'S SURNAME	Christian names	
MOTHER SURNAME	Christian names	
YOUR MARITAL STATUS : Married <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Bachelor <input type="checkbox"/> Spinster <input type="checkbox"/>		

DETAILS OF MARRIAGE (if applicable)	FIRST MARRIAGE	SECOND MARRIAGE
PLACE OF MARRIAGE		
AGE WHEN MARRIAGE		
FULL NAME OF SPOUSE		

DETAILS OF CHILDREN (if applicable)	
NAME IN FULL	DATE OF BIRTH

TYPE OF PENSION	<i>if applicable</i>
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DETAILS OF ESTATE	
LOCATION OF WILL	
SOLICITORS NAME	
SOLICITORS ADDRESS & PHONE NUMBER	
EXECUTOR/S OF WILL & THEIR CONTACT DETAILS	

OTHER FINANCIAL DETAILS

BANK ACCOUNT 1 <i>(Name of bank & account numbers)</i>	
BANK ACCOUNT 2 <i>(details)</i>	
BANK ACCOUNTS 3 <i>(details)</i>	
INSURANCE POLICIES	
SUPERANNUATION	
INVESTMENTS	
LOCATION OF TITLE DEEDS	

DETAILS FOR FUNERAL

FUNERAL PREFERENCE	BURIAL <input type="checkbox"/>	CREMATED <input type="checkbox"/>
FUNERAL LOCATION		
TYPE OF SERVICE	CHURCH <input type="checkbox"/> CREMATORIUM <input type="checkbox"/> CHAPEL <input type="checkbox"/> GRAVESIDE <input type="checkbox"/> OTHER <input type="checkbox"/>	
LOCATION OF SERVICE		
PERSONAL DETAILS <i>i.e. Hymns, Prayers, Music, poems or readings</i>		
PRE ARRANGED FUNERAL DETAILS <i>Name & address</i>		
RESERVED NICHE/GRAVE <i>Location details</i>		
LIST OF PERSONS, CLUBS & SOCIETIES TO BE NOTIFIED		

OTHER INFORMATION

OTHER RELEVANT DETAILS

PERSONAL REQUEST

IN THE EVENT OF MY DEATH PLEASE PASS ON MY FAMILY HISTORY RESEARCH TO : <i>Interested family members name & address or donate to the following institute. Provide location of material & make sure material is clearly marked & kept together.</i>	
PLEASE GIVE MY HISTORICAL FAMILY PHOTOGRAPHS TO : <i>Interested family members name & address or donate to the following institut. Provide location of material & make sure material is clearly marked & kept together.</i>	
SIGNATURE OF PERSON COMPLETING FORM	DATE FORM COMPLETED