

Personal Profile Record

PERSONAL

Surname _____
Christian Names _____
Address _____

Postcode _____
Phone/Mobile _____
Date of Birth ____ / ____ / ____
Place of Birth (City, State, Country) _____

Years in Australia (if not born here) _____
Spouse's Full Name & Surname _____
Age at Marriage _____
Place of Marriage _____
Maiden Name _____
Previous Marriage
Spouse's Full Name & Surname _____
Age at Marriage _____
Place of Marriage _____
Usual Occupation during working life _____
Pension Type & Number _____
Name, Address & Phone of usual Doctor _____


FAMILY

Your Father's Full Name & Surname _____
His usual Occupation during working life _____
Mother's Full Name & Surname (Maiden Name) _____
Her usual Occupation during working life _____
Your Children's Names and Birthdates
(Surnames if different from yours)
_____/____/____
_____/____/____
_____/____/____
_____/____/____
_____/____/____
_____/____/____
NEXT OF KIN

Next of Kin - Name, Address & Phone _____

Executor - Name, Address & Phone _____

Solicitor/Place your Will is held _____

Bethel Funerals 
Australian Owned

2d Cochrane Street, MITCHAM VIC 3132
Phone: 9873 8866 Fax: 9874 5300
Email: info@bethelfunerals.com.au

PREFERENCES

Place of Funeral Service _____
Cemetery/Crematorium Details _____

Please add any information below, that you would like known relating to: Military services, ethnic, religious or family customs, associations, etc.

Any specific songs, hymns, poems, music ...

Anything else you would like us to know or that we should be aware of _____

Today's Date ____ / ____ / ____

Thank You for taking the time to provide this information. Be assured all details given will be kept in the strictest confidence and only used as stated. This document is in no way legally binding.