



# Bethel Funerals

## Victoria

2d Cochrane Street  
Mitcham VIC 3132  
03 9873 8866  
info@bethelfunerals.com.au

620 Frankston-Dandenong Road  
Carrum Downs VIC 3201  
03 8787 7255  
info@bethelfunerals.com.au

## Queensland

2998 Logan Road  
Springwood QLD 4127  
07 3219 9333  
infoqld@bethelfunerals.com.au

[www.bethelfunerals.com.au](http://www.bethelfunerals.com.au)

# Important funeral information

# Bethel Funerals

*We're for Compassion,  
not for profit.*

## Next steps

Make time to communicate with your family. Talk about how you would like to be remembered and how family members can honour your life in meaningful ways.

More information about how to plan and pay for different aspects of your funeral can be found on our website.



**This is not a legal document but has been designed to assist your family when important information is needed.**

The information you record in this document will be of great assistance to your family when the time comes to arrange a funeral service.

It will also assist in providing essential family details to the Department of Births, Deaths and Marriages.

*This document should be kept in a safe place known to at least two members of your family or friends.*

## Our Mission

We provide experienced and compassionate care for families, and financially support organisations that make life better for people in need.



## Personal Details

**Surname**

**First given name**

**Other given name(s)**

**Date of birth**

**Place of birth**  
(CITY / STATE / COUNTRY)

**Date of arrival in Australia**  
IF BORN OVERSEAS

**Religion**

**Usual occupation during working life**

**Medicare Number**

**Centrelink Reference**

## Relationship Details

**1. Date of partnership**

**Place**  
(CITY / STATE / COUNTRY)

**Partner's full name prior to partnership**

**2. Date of partnership**

**Place**  
(CITY / STATE / COUNTRY)

**Partner's full name prior to partnership**

## Family Details

**Parent 1:**  
FULL NAME

**Previous surname**

**Occupation during working life**

**Date of Birth**

**Parent 2:**  
FULL NAME

**Previous surname**

**Occupation during working life**

**Date of Birth**

**Children's full names and birth dates**

FULL NAME <input type="text"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>
FULL NAME <input type="text"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>
FULL NAME <input type="text"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>
FULL NAME <input type="text"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>
FULL NAME <input type="text"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>

## Contacts

**Next of Kin/ Executor**

**Where my will is stored**

**Where my digital access information is stored**

## Preferences

Burial  Cremation

**Other details**

**Please add any information below that you would like known relating to:**

**Favourite music, poems, readings**

**Clubs, cultural, religious or family customs, etc.**

**Extra information or things that you want remembered about you (that others may not be aware of)**

**I have funeral funds set aside**  Yes  No

**Details**

**Date completed**