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**Pre-Need Personal Details Record**

Full Name \_\_\_\_\_

Usual Place of Residence \_\_\_\_\_

Usual Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Aboriginal / TSI

Year of arrival to Australia \_\_\_\_\_ Religion \_\_\_\_\_ Australian Citizen Yes / No

Medicare No. \_\_\_\_\_ Centerlink No. \_\_\_\_\_ Pension Type \_\_\_\_\_

**Deceased's Marriage/s** (please list from most recent)

**Marital Status** Married/Widow/Widower/Divorced/Single or Defacto (For Defacto year relationship started)

Age at Marriage	Place of Marriage	Name of Spouse (Maiden)	
Current _____	_____	_____	
2 _____	_____	_____	Death/Divorce
1 _____	_____	_____	Death/Divorce

**Deceased's Children** (Oldest to youngest Include also deceased children)

First Name	Middle Name	Surname	D.O.B	Sex
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____

**Deceased's Parents**

Father's Name Surviving/Deceased _____	Mother's Name (Maiden Surname) Surviving/Deceased _____
Occupation _____	Occupation _____