



**Funeral
Planner**

**ADELAIDE —
CEMETERIES**

We are pleased to offer an electronic version of our Funeral Planner.

This tool takes you through the funeral planning process, inviting you to record your final wishes together with information which may assist your family or friends settle your affairs. Please note that it is not a substitute for a 'Will' or other legal directions.

This is a PDF document which you will need to download, save and store with your other important records.

Adelaide Cemeteries is unable to access your document and does not accept any responsibility for your use of the document.

Should you prefer to receive a physical copy of our funeral planner, please contact our office on 8139 7400 or enquiries@aca.sa.gov.au

Tips

- Avoid using website links – the location of the information you are linking to may move and your link will no longer work
- Consider printing off the document and only recording sensitive information (eg. logins and passwords) once printed-off
- For more information on cyber security visit: <https://www.cyber.gov.au/>



#AdelaideCemeteries

ADELAIDE — CEMETERIES

Browning Street,
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aca.sa.gov.au



Government
of South Australia

Choosing how we are remembered is extremely important, as this is the emotional legacy that family and friends will continue to interact with for generations to come.

This booklet takes you through the planning process, inviting you to record your final wishes along with the information required to settle your affairs. Some of the content may not be relevant to you and there may be other important information that you would like to include. This can be recorded at the back of the booklet.

Documenting this now will assist your family in carrying out your wishes in a way that truly reflects you and the life that you led.

Planning ahead will also ensure that loved ones are not be burdened with difficult decisions during their time of grief.

Once completed, this document should be filed and kept along with your will in a safe and secure place. The location of which should be made known to at least two other people. Remember there is no rush, take as much time as you need to think, talk to others and consider your options.

PERSONAL INFORMATION

Title: Mr Miss Ms Mrs Other: _____

Given name(s): _____

Surname: _____

Other names by which you may be known: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Date of birth: _____ Place of Birth: _____

Year of arrival in Australia (if born overseas): _____

Main occupation (during working life): _____

Religion: _____

Ethnic/cultural heritage: _____

Organ donor: Yes No _____

PARENTS

Father's full name: _____

Father's occupation (during working life): _____

Mother's full name: _____

Mother's maiden name: _____

Mother's occupation (during working life): _____

SPOUSE/PARTNER

Married Divorced Widowed Never Married Other _____

Spouse's (partner's) full name: _____

Spouse's (partner's) maiden name: _____

Spouse's (partner's) main occupation (during working life): _____

Date of marriage: _____ Place of marriage: _____

If married previously, details of previous marriage(s): _____

If widowed: _____

Spouse's Date of death: _____ Place of death: _____

Location of memorial: _____

CHILDREN

1. Full name: _____ Date of birth: _____

2. Full name: _____ Date of birth: _____

3. Full name: _____ Date of birth: _____

4. Full name: _____ Date of birth: _____

5. Full name: _____ Date of birth: _____

6. Full name: _____ Date of birth: _____

7. Full name: _____ Date of birth: _____

EDUCATION

Primary school: _____

Year attend: from _____ to _____

Secondary school: _____

Year attend: from _____ to _____

Trade school: _____

Year attend: from _____ to _____

TAFE: _____

Year attend: from _____ to _____

University: _____

Year attend: from _____ to _____

Other: _____

Year attend: from _____ to _____

Qualifications Obtained:

1. _____

2. _____

3. _____

MILITARY SERVICE

Army Navy Airforce

Branch of service: _____ Service Number: _____

Date entered service: _____ Place: _____

Date of discharge: _____ Place: _____

Grade, rank or rating: _____

Medals/Awards/Honours: _____

Wars/Conflicts/Peace keeping operations served: _____

SOCIETIES/CLUBS

Memberships and positions held:

Other (including civic offices held):

SPECIAL ACHIEVEMENTS

(detail any special achievements or recognitions)

HOBBIES & INTERESTS

NEXT OF KIN

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

OTHER PERSONAL INFORMATION

FUNERAL ARRANGEMENTS

I HAVE pre-paid my funeral arrangements

I HAVE NOT pre-paid my funeral arrangements

Name of supplier: _____

Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Details:

The person that I would like to make my funeral arrangements:

Name: _____

Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

FUNERAL DIRECTOR

(The Funeral Director that you would like to conduct your service)

Name: _____

Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

I would like to be: Buried Buried (Natural Earth Burial)
 Cremated Entombed (Mausoleum)

I would like a:

- Traditional funeral service followed by a graveside service and interment
- Traditional funeral service followed by cremation and interment
- Direct burial/cremation followed by a memorial service
- Direct burial/cremation, no service

Other: _____

I would like to wear the following items: _____

I would like to be buried with: _____

Type of coffin/casket:

LOCATION

(The place where you would like your funeral service to be conducted)

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

CELEBRANT/CLERGY

(The celebrant/clergy that you want to officiate your funeral service)

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

If this person is not available I would like:

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

EULOGY

(The person(s) that you would like to prepare and read your Eulogy)

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

PRAYERS, READINGS & POEMS

(The prayers, readings and poems that you would like read during your service)

Title: _____ Author: _____

Source: _____

Title: _____ Author: _____

Source: _____

Title: _____ Author: _____

Source: _____

Title: _____ Author: _____

Source: _____

SONGS/HYMNS

(The songs/hymns that you would like played during your service)

Title: _____ Version: _____

Artist: _____ Source: _____

Title: _____ Version: _____

Artist: _____ Source: _____

Title: _____ Version: _____

Artist: _____ Source: _____

Title: _____ Version: _____

Artist: _____ Source: _____

DVD PRESENTATION

I would like a DVD presentation included as part of my service: Yes No

I have chosen photos I would like included in the DVD presentation: Yes No

Location of photos: _____

CEREMONIES/CULTURAL TRADITIONS

(The special ceremonies/cultural traditions that you would like included in your service)

PALLBEARERS

(List the people that you would like to serve as pallbearers)

1. Name: _____ Telephone: _____

2. Name: _____ Telephone: _____

3. Name: _____ Telephone: _____

4. Name: _____ Telephone: _____

5. Name: _____ Telephone: _____

6. Name: _____ Telephone: _____

FLORAL & OTHER PREFERENCES

(The type, colour and details of the flowers and other items you would like)

DONATIONS

In lieu of flowers I would like donations made to the following charity:

MEMORIAL CARD

I would like a memorial card distributed at my funeral:

Yes No

I would like the following photo used: _____

Location: _____

I would like the memorial card to say:

MEMORIAL NOTICE

I would like a memorial notice published in the newspaper:

Yes No

Name of publication: _____

Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

I would like the memorial notice to read:

THINGS I WOULD LIKE REMEMBERED

(the information you would like included in your obituary)

CEMETERY INFORMATION

- I HAVE pre-purchased my grave site
or intend using an existing family grave site.

The grave site is located at:

- Enfield Memorial Park,**
Browning Street, Clearview SA 5085
- Cheltenham Cemetery,**
Cnr Port Rd & High Street, Cheltenham SA 5014
- Smithfield Memorial Park,**
Smith Road, Evanston South SA 5116
- West Terrace Cemetery,**
West Terrace, Adelaide SA 5000

Other cemetery: _____

Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Site location: _____

Interment right number: _____

Interment right holder: _____

Location of documents: _____

I HAVE NOT pre-purchased my grave site or intend using an existing family grave site:

I would like to be memorialised at:

- Enfield Memorial Park,**
Browning Street, Clearview SA 5085
- Cheltenham Cemetery,**
Cnr Port Rd & High Street, Cheltenham SA 5014
- Smithfield Memorial Park,**
Smith Road, Evanston South SA 5116
- West Terrace Cemetery,**
West Terrace, Adelaide SA 5000

Other cemetery: _____

Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

I prefer:

- Traditional Earth Buried Concrete Lined Vault
- Natural Earth Burial Cremation
- Entombment (Mausoleum)

Preferred burial setting:

MEMORIAL INFORMATION

MEMORIAL

Type of memorial: _____

Material: _____ Colour: _____

STONE MASON

(The Stone Mason that you would like to provide your memorial)

Stone mason: _____

Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

INSCRIPTION

(The text you would like included on your headstone)

MEDICAL INFORMATION

DOCTOR

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

ADVANCED CARE DIRECTIVE

Do you have an Advance Care Directive: Yes No

Appointed decision-maker: _____

Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Location of documents: _____

MEDICAL HISTORY:

LEGAL INFORMATION

EXECUTOR

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

SOLICITOR

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

WILL

Location of will: _____ Date: _____

DOCUMENTS & ACCOUNTS

BIRTH CERTIFICATE

Location of document: _____

MARRIAGE CERTIFICATE

Location of document: _____

MEDICARE CARD

Medicare card number: _____

Location of Medicare card: _____

CENTERLINK

Centerlink number: _____

Type of pension: _____

Location of pension documents: _____

VETERANS' AFFAIRS

Veterans' Affairs Number: _____

Location of Veterans' Affairs documents: _____

PASSPORT(S):

Name shown on passport: _____

Nationality: _____

Passport Number: _____ Date: _____

Location of passport: _____

Name shown on passport: _____

Nationality: _____

Passport Number: _____ Date: _____

Location of passport: _____

LICENCE(S)

Type of licence: _____

Licence number: _____ State of issue: _____

Location of licence: _____

Type of licence: _____

Licence number: _____ State of issue: _____

Location of licence: _____

Type of licence: _____

Licence number: _____ State of issue: _____

Location of licence: _____

SOCIAL MEDIA ACCOUNTS

Facebook Username: _____ Password: _____

Instagram Username: _____ Password: _____

Google Username: _____ Password: _____

LinkedIn Username: _____ Password: _____

Twitter Username: _____ Password: _____

Pinterest Username: _____ Password: _____

If other, please specify: _____

_____ Username: _____ Password: _____

_____ Username: _____ Password: _____

_____ Username: _____ Password: _____

_____ Username: _____ Password: _____

EMAIL ACCOUNTS

1. Email: _____ Password: _____

2. Email: _____ Password: _____

3. Email: _____ Password: _____

INTERNET

Account number: _____ Password: _____

Name of supplier: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

MOBILE TELEPHONE

Mobile number: _____ Password: _____

Name of supplier: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

HOME TELEPHONE

Home number: _____ Password: _____

Name of supplier: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

GAS

Account number: _____ Password: _____

Name of supplier: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

ELECTRICITY

Account number: _____ Password: _____

Name of supplier: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

FINANCIAL INFORMATION

Registered Business: _____

ABN Number: _____

Location of documents: _____

INCOME TAX RECORDS

Tax File Number: _____

Location of documents: _____

ACCOUNTANT

Business name: _____

Accountant's name: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

BANK/FINANCIAL INSTITUTION ACCOUNTS

Bank/financial institution: _____

Telephone: _____

Type of account: _____ Account number: _____

Location of documents, books, statements: _____

Bank/financial institution: _____

Telephone: _____

Type of account: _____ Account number: _____

Location of documents, books, statements: _____

Bank/financial institution: _____

Telephone: _____

Type of account: _____ Account number: _____

Location of documents, books, statements: _____

CREDIT CARD & STORE ACCOUNTS

Provider: _____

Telephone: _____

Type of account: _____ Account number: _____

Location of documents, books, statements: _____

Provider: _____

Telephone: _____

Type of account: _____ Account number: _____

Location of documents, books, statements: _____

Provider: _____

Telephone: _____

Type of account: _____ Account number: _____

Location of documents, books, statements: _____

STOCKS AND SHARES

Details: _____

Location of documents: _____

DEEDS OF PROPERTY

Property address(es):

1. _____

2. _____

3. _____

Telephone: _____

State _____ Postcode: _____

Location of documents: _____

MORTGAGE DETAILS

Lender reference number: _____

Lender: _____

Address: _____

Suburb: _____

Location of documents: _____

INSURANCE(S)

Type of insurance: _____ Policy number: _____

Insurer: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Location of documents: _____

Type of insurance: _____ Policy number: _____

Insurer: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Location of documents: _____

Type of insurance: _____ Policy number: _____

Insurer: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Location of documents: _____

Type of insurance: _____ Policy number: _____

Insurer: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Location of documents: _____

SUPERANNUATION

Fund number: _____

Provider: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Location of documents: _____

PENSION FUND

Type of fund: _____ Fund number: _____

Provider: _____ Telephone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Location of documents: _____

SAFE DEPOSIT BOX

Box location: _____ Box number: _____

Location of keys: _____

VEHICLES

Vehicle: _____

Registration Number: _____ Registration State: _____

Location of documents: _____

Vehicle: _____

Registration Number: _____ Registration State: _____

Location of documents: _____

Vehicle: _____

Registration Number: _____ Registration State: _____

Location of documents: _____

PERSONS & ORGANISATIONS TO BE NOTIFIED OF MY PASSING

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State _____ Postcode: _____

Country: _____

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State _____ Postcode: _____

Country: _____

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State _____ Postcode: _____

Country: _____

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State _____ Postcode: _____

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Name: _____ Telephone: _____

Address: _____

Suburb: _____ State _____ Postcode: _____

Country: _____

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State _____ Postcode: _____

Country: _____

Name: _____ Telephone: _____

Address: _____

Suburb: _____ State _____ Postcode: _____

Country: _____

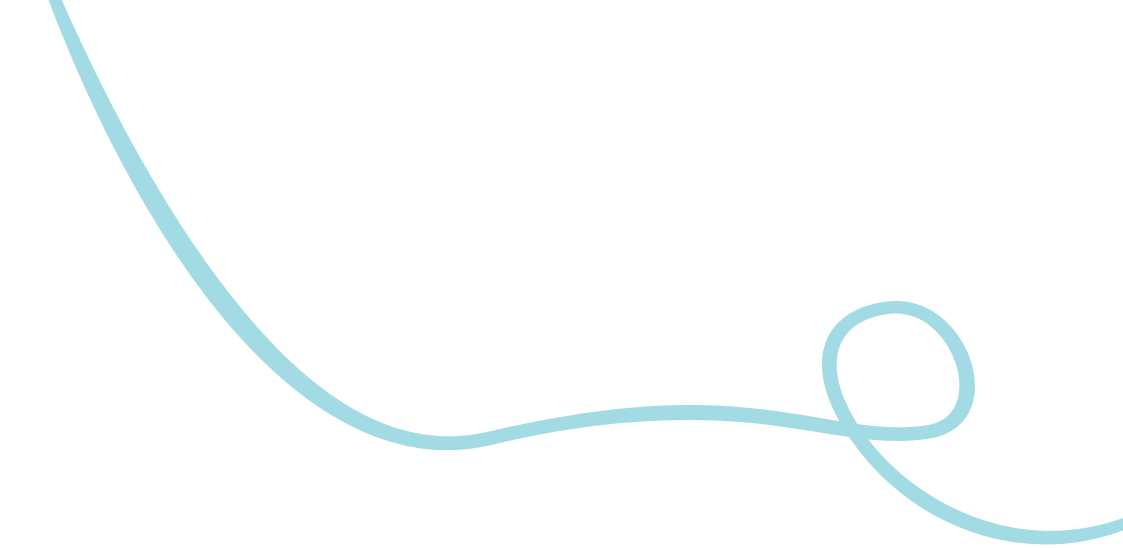
Name: _____ Telephone: _____

Address: _____

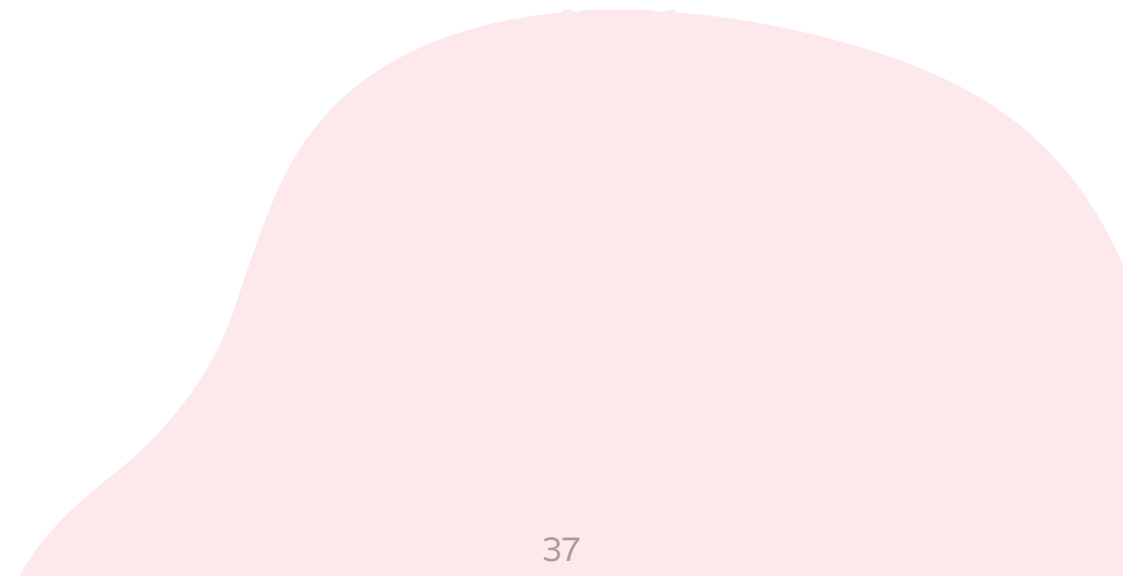
Suburb: _____ State _____ Postcode: _____

Country: _____

OTHER INFORMATION



Signed: _____ Date: _____





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