Avalon Funerals 0860 051 051

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Avalon
FUNERALS™
Reach for the Helping Hand

MY PERSONAL FUNERAL ARRANGEMENT GUIDE

For: _____

To my family:
It is my wish to spare you any uncertainty, inconvenience and unnecessary expense at the time of my death. The instructions and information I provide in this document will facilitate the necessary arrangements that need to be made. I realize that future circumstances will affect the information, but I believe it will be helpful.

When the time comes, you can give this form to our funeral director to assist you with the final arrangements.

Signature: _____ Date: _____

PERSONAL INFORMATION:

Full Names and Surname:	
Identity number:	
Date of birth:	
Place of birth:	

Residential address:

Citizenship:	
Highest qualification:	
Profession:	
Industry:	

Smoker:	YES		NO	
Family doctor name and surname:				

Contact details of family doctor:

Marital status:	

Details of Spouse:

Name:	
Identity number:	
Contact phone number:	

My Will is handled by:

Name and Surname:	
Contact details:	

DETAILS OF FUNERAL SERVICE:

When you arrange my funeral, I will prefer the following:

Burial:	YES		NO		Cremation:	Yes		NO	
Funeral service with coffin in church:		YES		NO					
Memorial service with urn in church:		YES		NO					
Viewing:		YES		NO					
Notice in local newspaper:		YES		NO					
Tissue/Organ donation:		YES		NO					
Contact Sandra (Tissue Donation Association) at 082 325 3448 for more information									

Funeral Parlour:	
Contact details:	
Service to be held:	
Funeral parlour chapel:	
Name and address:	
Contact details:	

OR

Church and Congregation:	
Address:	
Contact details:	
Pastor/Preacher:	
Scripture reading:	
Hymns:	
Special item:	
Refreshments after service:	

Coffin Bearers: In	**Coffin Bearers: Out**

Flowers:	YES		NO		If YES, description
If NO, institution where donations can be made:					

I have a prepaid funeral arrangement with:
Undertaker:

I have a funeral policy with:

CEMETERY:

Name of Cemetery:			
Town:			
I already own a grave/plot:			
Block:		Number:	

MEMORIAL WALL:

Name of Wall:			
I own a niche at:			
Wall:		Number:	

PERSONS TO BE NOTIFIED:

Name	Relationship	Contact number

ADDITIONAL INFORMATION AND REQUESTS:

LIST OF DOCUMENTS AND DETAILS REQUIRED TO REGISTER AN ESTATE

Where applicable, the following documents and information must please be provided to us when you register an estate

DOCUMENTS / INFORMATION	Please mark with X	
Original Will		
Original death certificate		
Copy of Notice of Death DHI 1663		
Copy of Burial Order		
Certified copy of the deceased's marriage certificate (if married)		
Original identity document of the deceased		
Copy of the deceased's marriage contract (if applicable)		
Copy of divorce order and settlement agreement (if deceased was divorced)		
2 Certified copies of page 1 of each heir's identity document		
2 Certified copies of heirs' marriage certificate (if married)		
Telephone numbers, postal address, e-mail address and fax number of each heir		
Estate details of each deceased spouse (Full name, date of death, place of death, master's office and estate number)		
Original title deed (if available)		
Original motor vehicle registration certificates		
Original firearms licenses		
Copy of municipal services and municipal tax bill		
Original share certificates		
Original policy contracts (Only if policies are payable to the estate)		
Information regarding policies payable to beneficiaries as well as annuities/retirement annuities		
Copy of salary slip		
Copy of short-term insurance contract		
Copy of hire purchase contracts		
Full details of savings, cheque, transmission and deposit accounts with banks as well as vouchers, cheque books and cards		
Copies of latest bank statements		
Full details of the liabilities, as well as statements as proof thereof		
Income tax reference number		
VAT reference number		
Copy of lease		
Full particulars of medical aid		
Executor's Information:		
Proof of address		
Copy of ID Document		