

FUNERAL PLANNING GUIDE



Parish of St Paul's Gisborne
with St John's, Riddells Creek and Church of the Resurrection, Macedon
Diocese of Melbourne

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FUNERAL PRE-PLANNING and GUIDE

Many of us are uncomfortable talking about our own mortality, preferring not to talk about our death, the dying process, or to engage with one another's grief.

Pre-planning enables your family to be aware of your intentions, as well as passing on important family heritage and issues.

At the time of death, as the grief process commences, many people experience anxiety, anger, deep sadness—all of which can be debilitating. Depending on the circumstances of the death, to make decisions regarding Funeral Director, Coroner's process, as well as plan and finance the funeral adds an enormous pressure to what is already an emotionally charged time.

This form has no legal status but is meant to help you engage in planning your funeral. There are few things that you should have in order, no matter what your age is.

As you complete this form, it may well be good to involve other members of the family. For example, grandchildren can help write your story. This has not only the wonderful benefit of becoming closer to your grandchildren, it also passes on valuable aspects of family history to a new generation. Children love story and are very creative in the manner in which it can be stored.

Is your will up to date? Where is it kept? Does anyone have Power of Attorney (financial, medical or carer) on your behalf? Are you an organ donor? Do you wish to *Allow Natural Death* or is the family to do everything they can to keep you alive?

Church? Chapel? Priest? Celebrant? Master of Ceremonies? Requiem Mass? Donations to a cause? Music? Flowers? Lots of fuss, no fuss, or a good old fashion wake at the local pub?

Take time to consider all of these points. This does not replace any legal arrangement you have made in your will, a pre-paid funeral plan or funeral bond, but helps the family know at the time when needed what it is that you wish to have in memory of you, and in helping them in their grief.

A copy could be placed with your will, your funeral plan, or at the Church Office, as well as with your executors.

The Parish Clergy are available to assist if you have any questions.

As Christians, we believe in God, the source and giver of life. God's good news proclaims Jesus Christ to be our living Lord, who laid down his life for us. He knew death, yet triumphed over it, drawing its sting, and was raised by God to new life. Christians affirm the presence of the Spirit of Christ, who helps us in our weakness. Yet we, with all mortals, still face death. Those who put their trust in Christ share the sufferings of their Lord, even the midst of God's love and care. A Christian funeral proclaims the Christian hope in the face of death—Jesus Christ, whose resurrection is the promise of our own. (*A Prayer Book for Australia* page 711)

PERSONAL DETAILS

Full Legal Name of the Person this Plan is For:																			
Date of Birth	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;"><i>Date</i></td> <td style="text-align: center;">/</td> <td style="text-align: center;"><i>Month</i></td> <td style="text-align: center;">/</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;"><i>Year</i></td> </tr> </table>							<i>Date</i>	/	<i>Month</i>	/					<i>Year</i>			
<i>Date</i>	/	<i>Month</i>	/																
<i>Year</i>																			
Age		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female																
Place of Birth <i>(City and State or Country if not in Australia)</i>																			
Permanent Address <i>(If applicable: Street, City, State, Post Code)</i>																			
		State	Postcode																
Home (with area code):																			
What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married																		
Name of Spouse <i>(If Wife, give Maiden Name):</i>																			
Your occupation (Job title when working):																			
In what kind of business or industry?																			
How many years in school?																			
Australian/other honours:																			
Highest qualification held:																			
Father's full name:																			
Mother's full maiden name:																			
Have you ever been in the Armed Forces:	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
Legal Name of Next of Kin or Responsible Party (Power of Attorney)																			
Address of Next of Kin or Responsible Party <i>(Street, City, State, Post Code)</i>																			
		State	Postcode																

Telephone Numbers of Next of Kin or Responsible Party:			
Home (with area code):			
Work (with area code):			
Mobile (with area code):			
Name of family doctor:			
Family doctor's Address: (Street, City, State, Post Code)			
	State		Postcode
Family doctor's telephone number (with area code):			
Are you an organ donor?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> I do not wish to have my life prolonged by artificial means and prefer a natural death.			

PERSONAL WILL AND TESTAMENT	
Will is lodged at:	
Name of Executor:	

PREFERRED FUNERAL ARRANGEMENTS	
Pre-Paid Funeral	
Do you own a pre-paid funeral plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where was the funeral plan prepared?	
Does the plan have a reference number? <i>If Yes, please record.</i>	
Do you have a funeral bond?	
Where is the bond held and what reference number?	
What is the name of your preferred company or funeral director? <i>(The Parish makes no professional endorsement, but recommends consideration of a Director who is affiliated with the Australian Funeral Directors Association AFDA)</i>	
Vigil or Wake Service <i>Generally a religious ceremony performed in the evening, for example Rosary, Vigil, Prayer.</i>	
<input type="checkbox"/> Yes, I would like an Evening Vigil or Wake Service. <input type="checkbox"/> No, I would not require a Vigil or Wake Service.	

Funeral Ceremony

Generally, a religious ceremony performed during the day followed by the committal at the place of disposition.

- I prefer a Religious/Memorial Ceremony to be held at my Church.
- Simple Service or Requiem Eucharist.
- I prefer a Religious/Memorial Ceremony to be held at the Funeral Home.
- I prefer a Religious/Memorial Ceremony to be held at some other location

Details included here:

- I prefer no religious/memorial ceremony.

Committal / Final Resting Place

This means placement in the final resting place of your choice.

- I prefer ground interment/burial.
- I prefer Mausoleum Entombment.
- I prefer cremation with the following disposition of my ashes:
 - Ground interment of urn
 - Placement of urn in Niche
 - Private placement of urn
 - Scattering of ashes

Family Fellowship after the Funeral

- I prefer a reception at the end of the funeral service at:

- I have no preference.
- I prefer no reception after the funeral.

EX-SERVICES AND ASSOCIATED INSTITUTIONS

- No, I am not an returned service person (*Skip this section*)
- Yes, I am a returned service person

I served my country in the
(Branch of Service):

- AIF RAN
- RAAF Other: _____

I entered the Service on (DD/MM/YY):

I entered the Service at this location:

I left the Service on (DD/MM/YY):

I left the Service at this location:

I attained the rank of:

My service serial number is:

I have a Veteran Affairs Gold Card

As an eligible Returned Service Person of this country:

- I request the ensign be draped on my coffin.
- An RSL-A tribute within the service / graveside.
- No formal tribute.
- I am entitled for a Veteran Affairs request for a Government Headstone / Marker for my final resting place.

DETAILS OF FUNERAL CEREMONY

Theme of Ceremony:

- I prefer a Religious Ceremony.
- I prefer a Non-Religious Ceremony.
- I prefer *(details outlined here)*:

Preferred Parish Church

Name _____

Telephone Number (with area code): _____

Readings

Scripture passages _____

Special poems _____

Other Readings _____

Flowers

The flowers I like are:

Instead of flowers, I prefer donations to:

Music
To be played / sung at your service.

I prefer the following popular songs:

I prefer the following hymns:

I prefer the following musician(s)/vocalist(s):

- I prefer just background music before and after the ceremony.
- I prefer no music.

Clothing, Jewelry, Eyeglasses, Mementos and Photographs	
I prefer the following clothes be used	
I prefer the following jewelry be displayed	
I prefer my eyeglasses be	<input type="checkbox"/> On <input type="checkbox"/> Off
I prefer the following mementos be displayed	
I prefer the following photographs be displayed	
I have other preferences.	
Items I want to keep with me	
Memorial Cards or Folders	
<input type="checkbox"/> I prefer the smaller prayer card with a poem or religious prayer on the back. <input type="checkbox"/> I would like a printed order of service. <input type="checkbox"/> I prefer the larger folder with a record of the service and poem or prayer inside.	
Pall Bearers	
I prefer the following as my pall bearers:	
Personal Wishes:	

If there is insufficient room above, please record details in an insert or in the remaining space of this document.

Signature: _____ **Date:**

<i>Date</i>	/	<i>Month</i>

 /

<i>Year</i>			

REMINDER

This document has no legal status but is intended as a guide as to your wishes and intentions.

PERSONAL STORY

In the remaining section, record any other details that you may wish to either be remembered at your funeral, or passed onto your family.

Things to remember:

Where born, to whom, other family details

Schools attended, close friends, special memories

Your first job, and subsequent employment, including highlights of career

Your personal details regarding relationships-marriage, children (if applicable)

Your involvement in sports, community, clubs, lodges, armed forces

Any honours you have received, and why

Any photographs you wish displayed at your funeral, and the stories behind them

OFFICE USE ONLY:

Received <input type="checkbox"/>	Filed <input type="checkbox"/>	Checked <input type="checkbox"/>
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