

**FAX: 9713 9350**

**24HRS PH: 1300 655 373**

<b>DAY &amp; TIME OF FUNERAL</b>

<b>YOUR REFERENCE / ARRANGEMENT NO.</b>

**PLEASE FILL IN ACCURATELY AND CORRECTLY**

Funeral Director .....

Phone ..... Fax ..... Arranger .....

Family Member Contact Details: (SOLELY USED FOR CHECKING OF IMPORTANT DETAILS WHEN NECESSARY)

Name ..... Phone ..... Mobile .....

Address .....

**1. Name of Deceased :** \_\_\_\_\_

**2. Born on (Date) :** \_\_\_\_\_

**3. Suburb/Town & Country :** \_\_\_\_\_

**4. Passed Away on (Date) :** \_\_\_\_\_

**5. Suburb/Town & Country :** \_\_\_\_\_

**6. CARD QUANTITY :** \_\_\_\_\_

**7. CARD DESIGN NO:** \_\_\_\_\_

**8. PHOTO REQUIRED ON CARDS:**  YES (PLEASE COURIER OR EMAIL PHOTO)  NO (A CROSS WILL REPLACE PHOTO)

**9. PRAYER NO.** \_\_\_\_\_ PLEASE CIRCLE: **English / Italian / Both**

**10. THANKYOU NO.** \_\_\_\_\_ PLEASE CIRCLE: **English / Italian / Both**

**10. A4 PHOTO PRINT (INCLUDES WOOD FRAME)**  YES

**11. A3 PHOTO PRINT (INCLUDES WOOD FRAME)**  YES

**12. CANDLE**  YES

**FAMILY MEMBERS NAMES TO BE INCLUDED ON CARDS (IF REQUIRED):**  YES

Leaves in deep sorrow: .....

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**ANY Special requests or instructions:**

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