

CREMATION SERVICE INSTRUCTION FORM

Email completed form to: bookings@lakesidecrem.com.au

FUNERAL COMPANY			Branch:					
Email:								
DECEASED DETAILS		Воо	king Number:					
Full Name Of Deceased:								
DOB:	DOD:				Sex:	М		F
Address:					Religion:			
SERVICE DETAILS	Date of Service:				Time:			
Type of Service:	Full Service	Corte	ege	NSNA		Early De	livery	
Single S	Service	Double Servi	ice	Other	:			
Chapel:								
Pre-Arranged Property:	Yes	No	Guardian F	lan:		Yes	No)
Details (e.g. Site Locatio	n, Guardian Informo	ition):						
APPLICANT DETAILS								
Title: Giv	en Name:		Su	Irname	e:			
Address:						Postcode:		
Phone No:	Email:							
COFFIN/CASKET DET	AILS							
Coffin Width (incl handle	es):	Len	gth:		He	ight:		
Total Weight Range: 0-120kg 120+kg – Specify exact weight:								
SPECIAL INSTRUCTIO	NS							
Witness of Insertion:	ness of Insertion: AV Presentation: Service on Park Website:							
Private Service*:	Livestrea	m Service:	Pub	ish Liv	/estream L	ink on Wel	osite:	
Special Instructions: (incl religious or cultural red	quirements)							

We endeavour to cremate a deceased on the day they are received into care, however cremation can occur later in compliance with State Health Regulations. All paperwork should be received into Bookings 24 hours the business day prior to the service. Paperwork should be accurate and consistent, including nameplate. Single Service time is for a 45-minute duration, a late fee may apply if time is exceeded. Family agrees to have service published on our website, including livestream link, unless specified above. *Private Service refers to NO details to be publicised, advertised or disclosed by the Park including on site Chapel notices. Please supply AV guidelines to family.

FUNERAL DIRECTOR CONFIRMATION

I hereby witness and confirm the above details

Full Name:		
Signature:	Date:	
	Phone No:	