

CREMATION SERVICE INSTRUCTION FORM

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

FUNERAL COMPANY	Branch:					
Email:						
DECEASED DETAILS Booking	Number:					
Full Name Of Deceased:						
DOB: DOD:		Sex:	M F			
Address:		Religion:				
SERVICE DETAILS Date of Service:		Time:				
Type of Service: Full Service Cortege	NSN	A Ec	Irly Delivery			
Single Service Double Servic	e Othe	r:				
Chapel:						
Pre-Arranged Property: Yes No	Guardian Plan:	Yes	No			
Details (e.g. Site Location, Guardian Information):						
APPLICANT DETAILS						
Title: Given Name:	en Name: Surname:					
Address:	Postcode:					
Phone No: Email:						
COFFIN/CASKET DETAILS						
Coffin Width (incl handles): Length:		Height				
Total Weight Range: 0-120kg (weight of deceased & coffin combined)	120+kg – Speci	fy exact weight:				
SPECIAL INSTRUCTIONS						
Witness of Insertion: AV Presentation:	Service on Park Website:					
Private Service*: Livestream Service:	Publish Livestream Link on Website:					
Special Instructions:						
(incl religious or cultural requirements)						
CATERING DETAILS Catering Required:	Cate	ring order form	submitted:			
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 45minute 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:	