

## **CREMATION SERVICE INSTRUCTION FORM**

Email completed form to: <a href="mailto:bookings@mtthompsoncrem.com.au">bookings@mtthompsoncrem.com.au</a>

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	NSNA Early Delivery
Single Service Double Service	
Chapel:	
·	Guardian Plan: Yes No
Details (e.g. Site Location, Guardian Information):	
APPLICANT DETAILS	
Title: Given Name:	Surname:
Address:	Postcode:
Phone No: Email:	
COFFIN/CASKET DETAILS	
Coffin Width (incl handles): Length:	Height:
Total Weight Range:	120 Ha Charify avant weights
weight of deceased & coffin combined)	120+kg – Specify 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:	Catering order form submitted:
We endeavour to cremate a deceased on the day they are recompliance with State Health Regulations. All paperwork should brior to the service. Paperwork should be accurate and consister minute duration, a late fee may apply if time is exceeded. Faincluding livestream link, unless specified above. *Private Servictions by the Park including on site Chapel notices. Please su	d be received into Bookings 24 hours the business ont, including nameplate. Single Service time is for a 4 mily agrees to have service published on our websice refers to NO details to be publicised, advertised
FUNERAL DIRECTOR CONFIRMATION I hereby wit	ness and confirm the above details
Full Name:	
Signature:	Date:

Phone No: