

Dr Tom Haig Dignified, warm and sincere services

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Record of preferred funeral celebrant arrangements of

Personal Details		
Surname:		
Given Name(s):		
		Post Code:
Date of Birth:	_ Place of Birth:	
Country of Birth:		Arrived in Australia:
Occupation:		
Main Tasks Performed:		
Retired: Yes / No		
Fathers Name in Full:		
Mother's Name in Full:		
Immediate Family Membe	rs Details (i.e. Bro	others/Sisters):

Children Det	ails:
Years Marrie	is: Married / Divorced / Widowed / /Never Married ed: ils: (Name, Occupation, etc)
Preferred Lo	cation for Ceremony: (√) Crematorium Chapel Funeral Premises Church Cemetery Graveside Family Home Other (Please give details)
Music: (√)	☐ Family to select ☐ Personal Selection
Type of Cere	emony: (√) Christian Civil
	Other. Please outline your wishes:

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Eulogy	
	□ Prefer no eulogy
	☐ As desired by family
	☐ Brief eulogy by family member/friend
	☐ Prepared written eulogy only
If 'Prep	pared written eulogy only' details of who you would like to deliver
it:	
	Name:
	Address:
	Contact details:
	You: section outline things such as your key milestones in life, the things are done places visited your hobbies interests loves likes and
you hav dislikes	
you hav dislikes	section outline things such as your key milestones in life, the things we done, places visited, your hobbies, interests, loves, likes and , your achievements, etc. Some or all of this section could be used
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Thank you for choosing $\mathcal{D}r$ $\mathcal{T}om$ $\mathcal{H}aig$. Please retain this document in a <u>safe place</u> known to yourself and your loved ones.