

MARK G. HAMMOND FUNERAL SERVICES

"With Care and Courtesy"

67a Bold Street, Laurieton NSW 2443.
Phone 6559 5999

59 Hastings River Drive, Port Macquarie NSW 2444.
Phone 6583 5999

PERSONAL INFORMATION REQUIRED BY REGISTRAR IN THE EVENT OF DEATH

SURNAME _____ GIVEN NAMES _____

SURNAME at time of Birth _____

USUAL OCCUPATION (if retired state former occupation) _____

DATE OF BIRTH _____ MARITAL STATUS _____

If a Pensioner State Nature: Centrelink / DVA _____ Number _____

USUAL RESIDENCE _____

POST CODE _____

PLACE OF BIRTH Town _____ State _____ Country _____

(If born overseas what date did you arrived in Australia) _____ Aboriginal Origin Yes / No _____

FATHER Given Names _____ Surname _____

MOTHER Given Names _____ Maiden Surname _____

MARRIAGE PARTICULARS:

Marriage (1)

Where (town, state) _____ Date of Marriage _____

To Whom? _____

Marriage (2) if applicable

Where (town, state) _____ Date of Marriage _____

To Whom? _____

NAMES of CHILDREN IN ORDER OF BIRTH (if deceased enter "D" After date of birth)

Given Names (include Surname)	Date of Birth	Given Names (include Surname)	Date of Birth
(1) _____	(5) _____		
(2) _____	(6) _____		
(3) _____	(7) _____		
(4) _____	(8) _____		

Membership in Clubs, Lodges, Funeral Funds etc _____

My Solicitor is: _____

My Executor/s are: (Name/address/phone/number) _____

My wishes are to be Buried _____ Cremated _____