YOUR PERSONAL INFORMATION RECORD

Surname:				
Residential address:				
Date of birth:	Place of birth:			
	Place of death:			
	a: Age when			
	r Torres Strait Islander or			
Mother's maiden name	e:			
Mother's occupation: _				-
Name of spouse:				
Maiden name of spous	e:			_
Place of marriage:				
Place of death of spous	se:			_
Date of death of spous	e:			· -
/If you have been marr	iad mara than anca nlaa	co fill in addi:	tional de	otails on nago 26)
· ·	ied more than once, plea			
	dates of birth (including	legally adopt	ea criliai	ren) and children
who are deceased:				
Name DOB Sex				
			- <u></u>	

Other personal records:

The following details will make the settling of your affairs a little easier for your family in their time of grief:

My will is lodged with:				
My solicitor or trustee company is:				
My pension number is:				
My bank/building society/credit union accounts are at:				
I have a safe deposit box at:				
I have shares, deeds, debentures, promissory notes etc at:				
My life insurance policies are with:				
My jewellery is located at:				
My doctor is:				
My funeral plan number is:				
I wish my funeral to be held at:				
I have a burial site in cemetery:				
OR I wish to be cremated at:				
and my ashes to be placed:				
My next of kin/executor is:				
Surname:				
Given names:				
Address:				
Phone number:				

If you would like any further information, please contact us at:

298 Sloane Street, Goulburn NSW 2580 T: (02) 4821 2122 (24 hours a day) admin@rjsidneycraig.com.au www.rjsidneycraig.com.au