Funeral Details Form

| Funeral details | | | |
|--|-------------|-------|----------------------|
| Name of Deceas | ed | | |
| Who the account is to be sent to | | | |
| Cemetery (please select one) | | | |
| □ Lawn cemetery □ Monumental section □ Columbarium □ RSL | | | |
| Time | | | Date |
| Reserved grave | ☐ Yes | □No | If yes, Grave number |
| Pallbearers | ☐ Yes | □No | |
| Flowers lowered | with casket | ☐ Yes | □No |
| Music | | | |
| Funeral announc | ements 4LG | ☐ Yes | ☐ No Other |
| Casket | ☐ Yes | □No | |
| Memorial book | ☐ Yes | ☐ No | |
| Personal items | ☐ Yes | □No | |
| Live streaming | ☐ Yes | □No | Time/s |



Phone 07 4657 2666 **Address** PO Box 288, Winton, QLD, 4735 WSC-WKS-FRM-003 2024-03