Anglican Parish,
Stanthorpe.

Form for

Funeral

Services.

Name of the deceas	sed:		
sex:	Age:		
Date of birth:			
Date of death:			
Place:			
Cause of death:			
Date and time of fu	neral:	Time:	
Is this only a memo	rial service? Yes/N	No/ N.A.	
Place of funeral:		Burial	Cremation
Date and Time of Bu	urial/Cremation:		
Relative/Spouse:			
Children:			
Parents:			
Brothers and Sisters	5:		
Main Contact:			
Address:			
Relationship:		Mobile:	
Funeral Director:			
Phone:	Contac	t person:	
Anglican/non Anglic	can:		
If not an Anglican, r Parish who can be a		_	r in Stanthorpe
Organist:		,	

Reader/s:			
neddel, o.			
Reading/s:			
Hymns:			
Eulogy:			
Is there any conflict/s or disagreement/s from family members:			
yes/no?			
If yes, please inform the priest now.			
I, (name)			
sincerely declare that I have supplied all the correct information to			
the priest conducting this memorial/funeral service and there are no			
conflicts/disagreements concerning the deceased.			
Name Signature			
Witness name Witness signature.			
The details will be recorded in the Parish Register.			