BURIAL SERVICE INSTRUCTIONS

Email completed form to bookings@tweedheadscrem.com.au

TWEED HEADS
MEMORIAL GARDENS

Funeral Company

NAME OF COMPANY | BRANCH | EMAIL

Deceased Details

FULL NAME OF DECEASED | DATE OF BIRTH | DATE OF DEATH | BOOKING NUMBER

SEX ☐ Male ☐ Female | RELIGION | ADDRESS

Applicant Details

TITLE | GIVEN NAME | SURNAME | EMAIL ADDRESS

PHONE NUMBER | ADDRESS | POSTCODE

APPLICANT'S RELATIONSHIP TO DECEASED

SIGNATURE

DATE

Service Details

DATE OF SERVICE | TIME | SERVICE VENUE | ADDITIONAL DETAILS (E.G. SITE LOCATION, GUARDIAN INFORMATION)

TYPE OF SERVICE: ☐ Chapel Service ☐ Cortege ☐ Graveside ☐ Early Delivery

DURATION: ☐ Single ☐ Double

OTHER SERVICE TYPE

PRE-ARRANGED PROPERTY: ☐ Yes ☐ No

GUARDIAN PLAN: ☐ Yes ☐ No

Coffin/Casket Details—*Total Weight Range Information Required

COFFIN WIDTH | LENGTH | HEIGHT

Measurements should be taken manually and exact. Width includes handles.

TOTAL WEIGHT RANGE (KG)

☐ 0-120kg

Over 120kg **Specify Exact Weight**

Special Instructions

☐ Canopy & Chairs ☐ AV Presentation ☐ Service on Park Website

☐ Private Service* ☐ Livestream Service ☐ Publish Livestream Link on Website

SPECIAL INSTRUCTIONS (INC. RELIGIOUS OR CULTURAL REQUIREMENTS)

Catering Details

CATERING REQUIRED

☐ Yes ☐ No

Note: Celeste catering bookings to be arranged directly by family or funeral director.

CONTINUED OVERLEAF

Grave Details

☐ Pre-Owned ☐ Re-Open

PREVIOUS DECEASED NAME

SITE NUMBER

TYPE OF GRAVE

☐ New Grave ☐ Single ☐ Double ☐ Triple ☐ Crypt ☐ Child Other

Owner of Right of Burial

Please provide Executor or Authorised Person's details if the deceased is not nominated as a user of right.

TITLE | GIVEN NAME | SURNAME | EMAIL ADDRESS

PHONE NUMBER | ADDRESS | POSTCODE

I request this site to be opened for the late:

FULL NAME OF DECEASED

AUTHORISED PERSON SIGNATURE

WITNESS SIGNATURE

RELATIONSHIP TO THE DECEASED | DATE

WITNESS FULL NAME | DATE

All paperwork should be received into Bookings no later than 24 business hours the day prior to the service. Paperwork should be accurate and consistent, including nameplate. Single Service time is for a 45-minute duration, a late fee may apply if time is exceeded. Family agrees to have service published on our website, including livestream link, unless specified above. ***Private Service refers to NO details to be publicised, advertised or disclosed by the Park including on site chapel notices.** Please supply AV guidelines to family.

Funeral Director Confirmation

SIGNATURE

FULL NAME | DATE

PHONE NUMBER

CCD-035THBUR-V1.4