



National Servicemen's Association of Australia (Queensland) Inc.

ABN 87 625 176 937

| | |
|----------------|----------------------------------|
| Name of Branch | Name of Welfare Officer/Chaplain |
|----------------|----------------------------------|

Funeral Planning Request

| | | |
|----------------|---------|------------------|
| Service Number | Surname | Preferred Name |
| Address | | Telephone Number |
| | | |

We are requesting this information to hopefully reduce unnecessary stress on the family with the demise of their loved one. When this event occurs, this information can be used by the National Servicemen's Association in providing assistance with the funeral.

ALL INFORMATION WILL BE PRIVATE AND CONFIDENTIAL TO THE BRANCH WELFARE OFFICER AND BRANCH CHAPLAIN

Please indicate your requirements by marking the appropriate square

| | Yes | No |
|--|--------------------------|--------------------------|
| Have the Australian Flag draped across your coffin? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have the Association Flag on the Brier of the Coffin? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a Bayonet placed on the Coffin? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a Hat of your Service placed on the Coffin? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have your medal/s displayed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have the National Servicemen's Association provide a Guard of Honour | <input type="checkbox"/> | <input type="checkbox"/> |
| Have the Last Post played? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a Lament played? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have flowers at the Service or a donation to a Charity? Name of Charity | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a Poppy Service? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a favorite hymn played? Name of Hymn | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a preferred Priest/Minister/Padre to conduct the Service? Name and Contact Details | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a preferred Funeral Director? Name and Contact Details | <input type="checkbox"/> | <input type="checkbox"/> |

There is no obligation to provide this information. Your local Branch will in discussion with your family, attempt to have these requests complied with. There will be no charge for providing the Flags and accoutrements, music, Poppy Service or Guard of Honour.

It is important that you discuss the detail contained in this form with your wife or partner. It is preferred that you both know of your desires and agree to the Association being involved. We request that both parties sign the form. The information will be held by the Branch Welfare Officer and treated in confidence.

Signature

Wife, Partner or next of kin