

HEAD OFFICE & CENTURION BRANCH: 85 Lyttelton Road, Clubview, Tel: 012 654 9902, Cell: 079 895 4414
FOURWAYS: Shop 3D, Broadacres Garden Centre, cnr Cedar Avenue & Valley Road, Broadacres AH, Sandton,
Tel: 010 109 0878, Cell: 072 645 4612
MEYERSPARK: 153 Watermeyer Street, Tel: 012 803 0788, Cell: 083 459 2802
MIDSTREAM: Suite G09, Ashford House, 7 Ashford Street (next to Square@Midstream) Cell: 084 421 1980
MONTANA: 250 Visvanger Street, Montana Park, Tel: 012 755 5530, Cell: 083 244 1653
MOOT: 938 Ben Swart Street, Villieria, Tel: 012 331 0370, Cell: 084 589 8967
MORELETA PARK: 785 Rubenstein Drive, Tel: 012 993 2807, Cell: 079 895 4414

Preplanning a Funeral

The information contained in this document may be useful for the Funeral Home in order to carry out your last wishes. (If you choose Sonja Smith to be your Funeral Director, kindly let us have a copy to keep on file.)

Do make a note to update this form as the years go by and leave some discretion to your family – they would like to take part in some of the planning when the time comes to say goodbye to you.

My Funeral Wishes

Surname:

Full Names:

Known as:

Title: Mr Mrs Ms Prof Dr
Other (Please specify)

Identity Number:

Residential Address:

Telephone Number:

Date of Birth:

Place of Birth:

Country of Birth:

Marital Status: Never married Married ICOP Married ANC
Divorced Widow/Widower

Date Marital Status changed:

Maiden Name:
(if applicable)

Highest Educational Qualification:

Occupation:

Type of Business / Industry:
(Done during most of working life)

Name and Address of Employer:
(if applicable)

Name and Telephone Number of
Medical Practitioner:

I have a Last Will and Testament: Yes No

Last Will and Testament is SIGNED: Yes No

Last Will and Testament is DATED: Yes No

A copy of my Last Will and Testament is
filed in my LIFE FILE: Yes No

Executor of My Will/Estate:
(Name, Address and Telephone Number)

Funeral Home Preferred:

Address:

Telephone number:

Viewing/Last respects: Yes No

Name and address of Church/Chapel/Venue:

Name and Telephone Number of Minister/
Officiator preferred:

TYPE OF FUNERAL:

BURIAL: Yes No

GRAVE DETAILS:

Cemetery preferred: Name of Cemetery:

Address:

Tel:

Plot Purchased: Yes No

Grave number:

Title Deed held: Yes No

Location of Title Deed:

OR

CREMATION: Yes No

Cremation Full Service: Yes No

Coffin in Church: Yes No

Coffin remains in Hearse: Yes No

Memorial Service only:
(No coffin at service) Yes No

Cremation first – Cremated remains
present at Memorial Service: Yes No

I have a Living Will: Yes No

I want to be an Organ Donor: Yes No

Registered with Organ Donor
Foundation (ODF): Yes No

Pacemaker/other Medical Devices: Yes No

Description:

Clothing: Own Clothes Current Wardrobe New

(eg. Shroud only, favourite dress/
pants/colour) Shroud Only: Yes No

Personal items:
(eg. Jewellery/wedding band
stays on/to be returned to family)

Spectacles/glasses:

Dentures:

Music:

(Please indicate Church/
Chapel/Grave)

Organ: Yes No

Harpist: Yes No

Panflute: Yes No

Violin: Yes No

Trumpet: Yes No

Bagpipes: Yes No

Soloist: Yes No

CD's: Yes No

Before service:

During service:

End of service:

Other:

Musical repertoire:

Yes No

Hymns to be sung:

1.

2.

Other:

Live internet audio streaming
of funeral service:

Yes No

Flowers:

Favourite Type:

Favourite Colour:

Other Instructions:

If no flowers by request,
suggest Donations to:

Favourite Scripture Readings:

Eulogy to be delivered by:

Notes:

Awards/Achievements:

Funeral bulletins/bookmarks:

Photo's:

Enlargements:

Yes No

Powerpoint/DVD slideshow:

Yes No

Other instructions:

Candles:

Yes No

Memorial Book:

Yes No

Refreshments:

Yes No

Type of Coffin/Casket:

Wood Metal Natural Woven Other

Grave Marker:

Yes No

Tombstone/Memorial Plaque:

Suggested Inscription:

Special Instructions/Items to be placed with remains, etc.

Cremation remains to be placed in: Wooden casket Temporary Container Other

Family members to be notified of my funeral:

Name	Relationship	Telephone number

It is my wish that the following persons be bearers at my funeral:

Name	Relationship	Telephone number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Second group of bearers (if applicable):

Name	Relationship	Telephone number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Notes:

Additional Remarks / Special instructions:

Name and Telephone Number of Next-of-Kin:

Funeral Insurance:

Funeral Policies:

Name of Institutions:

Policy Numbers:

Amounts:

Signed at on this

day of 20.....

Signature

NB. You can buy a Life File at any of our offices or visit www.sonjasmith-funerals.co.za/my-life-file/ for a Table of Contents.