

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

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.