



Salisbury and Clovercrest branches were established upon the principle of serving the living and caring for those departed.

After more than 45 years in funeral service, our experienced male and female staff know it is your requirements that matter. Price is designed to meet your budgets and needs.

We are dedicated to our duty and give professional assurance all tasks will be performed with full regard of the sacredness and trust involved.



SALISBURY CHAPEL



CLOVERCREST CHAPEL

YOU MAY CHOOSE FROM THE FOLLOWING OPTIONS:

- Burial or cremation
- Clergy or civil celebrant
- Extensive coffin range
- Chapel or church service
- Catering facilities and lounge
- Death and funeral notices
- Memorial cards and hymn sheets
- Floral tributes
- Visitor's book
- Extensive choice of music
- Viewing
- Modern hearse or horse-drawn hearse

Personal information required for registration of death.

I request that my funeral directors, Mattiske Funerals, be notified immediately and this is full and complete authority for them to take charge and attend to all arrangements.

PERSONAL INFORMATION REQUIRED FOR REGISTRATION

Full name _____

Residential address _____

Date of birth ____ / ____ / ____

Place of birth _____

Date of arrival in Australia ____ / ____ / ____

Occupation _____

Date of marriage ____ / ____ / ____

Name of husband or wife _____

Maiden name _____

Previous marriages & date ____ / ____ / ____

Father's name _____

Mother's name _____

Mother's maiden name _____

Children's names & date of birth

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

Doctor's name _____

INFORMATION REQUIRED BY MY FUNERAL DIRECTOR

Your religion _____

Cremation or burial _____

Place of burial _____

I have an allotment in _____ cemetery

Lease No. _____ Grave No. _____

INSTRUCTIONS FOR FUNERAL SERVICE

I request that I have a priest, minister or celebrant

I request that my funeral be held in _____

(church, home, funeral chapel or other)

Next of kin _____

Phone number _____

SAFE CUSTODY AND/OR DISPOSAL INSTRUCTIONS FOR CREMATED REMAINS

It is my wish that my cremated remains be placed/scattered at

Signature _____

Date ____ / ____ / ____

WHO TO NOTIFY AFTER DEATH:

- | | |
|--------------------------|-----------------------------|
| • Centrelink | • Veteran's Affairs |
| • Foreign Pension | • Executor/Trustee |
| • Solicitor/Accountant | • Banks |
| • Doctor/Physio/Dentist | • Medicare |
| • Health Fund | • Electoral Office |
| • Taxation Office | • Telephone Company |
| • Gas Company | • Electricity Company |
| • Landlord/Housing Trust | • Australia Post |
| • Superannuation Fund | • Employers |
| • Insurance Companies | • Credit Card/Hire Purchase |