
PERSONAL INFORMATION

This Personal Information booklet will help your solicitor construct your Will according to your wishes. By completing this document you will also have peace of mind knowing that your affairs are in order and it will be so much easier for those handling your affairs to carry out your wishes.

PERSONAL INFORMATION

Full Name: _____

(Known as): _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: () _____ Mobile: _____

Email address: _____

Date of Birth: _____ Place of Birth: _____

Australian Resident Since: _____ Religion: _____

Occupation: _____

Previous Occupations: _____

Centrelink No: _____ Veterans Affairs No: _____

Overseas Pension Details: _____

Reference / Contact: _____

Drivers Licence No: _____ Expiry: _____ Passport No: _____ Expiry: _____

Medicare No: _____

Private Health Insurance Fund: _____ Member No: _____

Married Single Widowed Divorced Defacto Separated

Full name of Spouse / Partner: _____

Date / Place of Marriage: _____

(Second Marriage if applicable)

Full name of Spouse / Partner: _____

Date / Place of Marriage: _____

Father's Full Name: _____

Date of Birth: _____ Place of Birth: _____

Main occupation/s during working life: _____

Date / Place of Death: _____

Memorial / Grave at: _____ Cemetary _____

Mother's Full Name: _____

Mother's Maiden Surname: _____

Date of Birth: _____ Place of Birth: _____

Main occupation/s during working life:

Date / Place of Death:

Memorial / Grave at:

Cemetary

Next of Kin / Primary Contact:

Special Contacts:

Children: My Children (living and deceased) in order of Birth including legally adopted. (If you intend to have persons outside the family act in a responsible position, please include).

Name:

Date of birth:

Address:

Postcode:

Telephone No:

Occupation:

Name:

Date of Birth:

Address:

Postcode:

Telephone No:

Occupation:

Name:

Date of Birth:

Address:

Postcode:

Telephone No:

Occupation:

Name:

Date of Birth:

Address:

Postcode:

Telephone No:

Occupation:

Name:

Date of Birth:

Address:

Postcode:

Telephone No:

Occupation:

Name:

Date of Birth:

Address:

Postcode:

Telephone No:

Occupation:

PERSONAL HISTORY

By providing a pen-picture of your life the information will help your loved ones prepare an interesting and meaningful tribute.

Education

Primary School: From: To:

Primary School: From: To:

Secondary Education: From: To:

Secondary Education: From: To:

Tertiary Education: From: To:

Other Education:

Qualifications:

Special Achievements or Recognition:

Sports/Hobbies:

Community/Civic/Public Office:

MEDICAL HISTORY

This information is an important record for your spouse or partner, children and grandchildren.

I HAVE HAD MEDICAL TREATMENT FOR:

TREATMENT DETAILS:

Cancer

Heart Disease

Circulatory Disorder

Diabetes

Kidney Disorder

Lung Disorder

Other

Other

I have the following medical implants:

I am allergic to the following drugs:

Family Doctor:

Address:

Telephone:

Additional Information:

Blood Type (if known):

Registered Organ Donor: Yes No *(if yes, ensure next of kin are aware of your wishes)*

MEMBERSHIP OF ORGANISATION/CLUBS

Church, Rotary, Lions, Probus, Sporting Clubs etc.

Organisation: _____

Membership Number: _____ Position Held: _____

Organisation: _____

Membership Number: _____ Position Held: _____

Organisation: _____

Membership Number: _____ Position Held: _____

Organisation: _____

Membership Number: _____ Position Held: _____

MILITARY SERVICE RECORD

Branch of Service: _____ Service Number: _____

Date entered Service: _____ Place: _____

Date of Discharge: _____ Place: _____

Rank, Rating or Grade: _____

Wars/Conflicts served: _____

Additional Information: _____

BANKING DETAILS

Bank: _____ Branch: _____

Account Number: _____

Other: _____

Bank: _____ Branch: _____

Account Number: _____

Other: _____

Safe Deposit Box / Packet Location: _____

REAL ESTATE

Description/Address of Property: _____

Lot Number: _____ DP/SP/No: _____

Location of Deed: _____

Additional Information: _____

Description/Address of Property: _____

Lot Number: _____ DP/SP/No: _____

Location of Deed: _____

Additional Information: _____

LIFE INSURANCE

Company: _____ Policy Number: _____

Contact Name/Number: _____

Company: _____ Policy Number: _____

Contact Name/Number: _____

GENERAL INSURANCE

| COMPANY | POLICY NUMBER |
|---------|---------------|
|---------|---------------|

| | |
|--------------|-------|
| House: _____ | _____ |
|--------------|-------|

| | |
|-----------------|-------|
| Contents: _____ | _____ |
|-----------------|-------|

| | |
|------------|-------|
| Car: _____ | _____ |
|------------|-------|

| | |
|----------------|-------|
| Caravan: _____ | _____ |
|----------------|-------|

| | |
|--------------|-------|
| Other: _____ | _____ |
|--------------|-------|

SUPERANNUATION FUNDS

Name of Fund: _____

Contact Name/Number: _____ Reference Number: _____

Name of Fund: _____

Contact Name/Number: _____ Reference Number: _____

Nominated Beneficiary: _____

OTHER INVESTMENTS

Shares, Bonds, Coin/Stamp Collections etc – list as appropriate:

ESTATE INFORMATION

WILL

I have a Will: Yes No Will Dated: _____

Location of Will: _____

Executor: _____ Telephone Number: _____

Relationship *(if applicable)*: _____

Address: _____

Solicitor: _____ Telephone Number: _____

Address: _____

Additional Information: _____

POWERS OF ATTORNEY/GUARDIANSHIP

As State and Territory laws vary from State to State, it is important to discuss the issue of Powers or Attorney and Guardianship with your legal advisor or contact your local State/Territory Department of Justice.

Name of Attorney(s): _____

Contact Details: _____

Location of Document(s): _____

Enduring Power of Attorney

Other

Name of Enduring Guardian: _____

Location of Document(s): _____

Accountant/Financial Advisor/Tax Agent: _____

Name: _____

Contact Details: _____

FUNERAL INSTRUCTIONS

Funeral Director: _____

Contact Name: _____

Address: _____

Telephone Number: _____

Pre-Paid Funeral Contract Number (if applicable): _____

OR

Pre-Arranged Funeral details are held at: _____

My remains are to be: Buried

Name of Cemetery: _____

Cremated

Name of Crematorium: _____

FUNERAL INSTRUCTIONS - *continued*

Details of burial plot or cremation memorial:

Service to be held at: _____ Funeral Directors Chapel Yes No

Location/Address: _____

Cemetery/Cremation Chapel Yes No

Location/Address: _____

Church Yes No

Location/Address: _____

Service by: Clergy Celebrant

Name of preferred Clergy/Celebrant (*if known*): _____

RSL Service: Yes No

Australian Flag: Yes No

RSL Membership Number: _____

Sub-Branch Name: _____

Masonic Service: Yes No

Lodge Name/Contact: _____

Flower Preference: _____

and/or Memory Donations to: _____

Charity Name: _____

Press Notices: Yes No

If "yes" Newspapers: _____

Viewing: Yes No

If "yes" Family only Public

SPECIAL INSTRUCTIONS

How to include your Parish in your Will

If you wish to include a contribution to your Parish, simply select the most relevant section.

Thank you again for your support.

1. If you wish to leave a specific bequest

"I give the sum of ____ dollars/or* ____ % of my estate, free of all duties to The Trustees of the Roman Catholic Church for the Diocese of Lismore (for the benefit of _____ Catholic Parish) in the state of New South Wales, and I DECLARE that the receipt of The Trustees of the Roman Catholic Church, for the Diocese of Lismore, authorised officer shall be sufficient discharge to my trustees who shall not be obliged to see the application thereof."

2. If you wish to make a residuary bequest

"I give the rest and residue of my estate to The Trustees of the Roman Catholic Church for the Diocese of Lismore, in the state of New South Wales, (for the benefit of _____ Catholic Parish) and I DECLARE the receipt of The Trustees of the Roman Catholic Church for the Diocese of Lismore authorised officer shall be sufficient discharge to my trustees who shall not be obliged to see the application thereof."

** Choose either a dollar amount or a percentage.*

PERSONAL PROPERTY INVENTORY

It is recommended that a listing of personal property / valuable items be recorded together with with serial numbers. A photo record is also recommended where possible. Engraving of valuables with Drivers Licence number or Social Security number will also assist in recovery of goods in the event of theft.

| ITEM | DESCRIPTION | SERIAL NO (if applicable) |
|------|-------------|---------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |

Dated: _____

