

SECTION ONE - BENEFICIARY INFORMATION**BENEFICIARY PERSONAL DETAILS**

| | | | |
|----------------------------|--|------------------------------|----------|
| Full Name. | | | |
| Place of Birth. | | Date of Birth. | |
| Place of Death. | | Date of Death. | |
| Usual Residence. | | | |
| Usual Occupation. | | Retired? | Yes / No |
| Usual GP. | | Height (only if over 188cm). | |
| GP Contact Phone or Email. | | Weight (only if over 90kg). | |

MARRIAGE DETAILS

(eg. Sydney NSW, 21, Jennifer Jones)

| | | |
|--|---------------------------|----------------|
| Place of Marriage | Age | Name of Spouse |
| Eg. Sydney, NSW or Warwick, QLD | (At the time of marriage) | |
| 1. | | |
| 2. | | |
| 3. | | |
| Current Current Martial Status. (Please circle) Married / Divorced / Never Married / Registered Relationship / Widowed / Civil Partnership / CP Terminated / Defacto / Prefer Not to Say / Unknown | | |

CHILDREN OF THE BENEFICIARY DETAILS

| Children's First and Middle Names Only | Children's DOB |
|--|-------------------------------------|
| Eg. for John James Smith only write John James | (If deceased, write 'D' beside DOB) |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

PARENTS OF THE BENEFICIARY DETAILS

| | |
|--|--|
| Mother's First Names & Maiden Name. | |
| Mother's Surname (now or at time of death) | |
| Mother's Occupation. | |
| Father's First Names & Surname. | |
| Father's Surname at birth (if not same) | |
| Father's Occupation. | |

OTHER DETAILS

Please add below, any other marriages or any other children, their DOB and mark (D) if deceased.

(eg. A fourth marriage, M4. Brisbane QLD, 60, Jane Jones or a 7th child, C7, James Matthew, 01.01.1995)

CREMATION RISK

- ☐ Yes (please specify, eg, cardiac pacemaker) _____
- ☐ No ☐ Unknown / Unsure

BENEFICIARY CREMATION DECLARATION*(if completing this form for self)*

If the beneficiary leaves signed written instructions that their human remains be cremated then:

- if the personal representative is arranging the disposal of the human remains they must ensure an application for a permission to cremate is made (section 7(2) of the Cremations Act 2003); and
- there is no obligation to have regard to any objections to the cremation (section 8(1) of the Cremations Act 2003).

(write below, "I wish for my body to be cremated" and sign)

☐ The details provided on this form are true and correct to the best of my knowledge.

THIS SPACE IS LEFT
INTENTIONALLY BLANK

SECTION TWO - APPLICANT INFORMATION**APPLICANT DETAILS** - also referred to as the informant (*Your information*)** Mandatory*

| | |
|---------------|--|
| Full Name. | |
| Relationship. | |
| Contact Nr. | |
| Email. | |
| Address. | |
| Signature. | |
| Date. | |

Will the informant also be the recipient of the ashes and legal documents

☐ Yes, both
(Go to next page)☐ Yes, ashes only☐ Yes, documents only☐ No**RECIPIENT DETAILS***(Can also be an extra contact person, should the Applicant be unavailable at the required time)*

| | |
|---------------|--|
| Full Name. | |
| Relationship. | |
| Contact Nr. | |
| Email. | |
| Address. | |

What will the recipient receive

☐ Both ashes+documents☐ Ashes only☐ Documents only

AUTHORITY TO RELEASE DECEASED BODY

To: Medical Administration at _____

I, _____
Being the _____ of the late _____
born _____ and died _____, hereby authorise Rest Funeral Services
to transfer the body in order to conduct funeral arrangements.

Signed:

.....

(Signature)

.....

(Print Name)

.....

(Date)

In the event of the relative / next of kin not being available to sign, then a Justice of the Peace must sign in their absence.

Signed:

.....

(Signature - Justice of the Peace)

.....

(Print Name)

.....

(Date)

Leaf Run Pty Ltd
TA Rest Funeral Services
PO BOX 1 THE SUMMIT QLD 4377
T. 07 4646 4096
ABN. 75 658 799

IMPORTANT INFORMATION FOR QUEENSLAND HEALTH & OTHER MEDICAL OR CARE FACILITY STAFF**Authority to release the deceased**

In Queensland there is no licensing or registration for persons acting as a funeral service provider, including but not limited to the titles;

- funeral director
- undertaker

There is also no legal requirement to engage a funeral service provider to perform any part of the funerary process, including but not limited to;

- collection
- transfer (transport)
- storing

After the Beneficiary providing authorisation - on their own behalf - the hierarchy determining who is authorised to release the deceased's body follows the priority that would apply to the granting of letters of administration (that is, when a court appoints an administrator- see further discussion below).

Other Authorised Person with authority to release the deceased.

The person with authority to release the deceased will be determined in accordance with the priority for a potential administrator as set out in rule 610 of the Uniform Civil Procedure Rules 1999 (Qld) and is as follows:

- a. The deceased's surviving spouse (includes de factor partner and civil partner);
- b. The deceased's children;
- c. The deceased's grandchildren or great-grandchildren;
- d. The deceased's parent or parents;
- e. The deceased's brothers or sisters;
- f. The children of deceased brothers and sisters of the deceased;
- g. The deceased's grandparent or grandparents.
- h. The deceased's uncles and aunts;
- i. The deceased's first cousins; and
- j. Anyone else the court may appoint.

Personal Representative

A Personal Representative is either:

- The executor of the deceased's estate (chosen by the deceased through their Will); or
- The administrator of the deceased's estate (appointed by the Supreme Court when the deceased has died without a Will).

AUTHORITY TO RELEASE DECEASED BODY (SELF SIGNER)

To: Medical Administration at _____

I, _____ born _____
of _____

have pre-arranged my funeral with, and hereby authorise, Rest Funeral Services to transfer my body in order to conduct those funeral arrangements.

Signed:

.....
(Signature)

.....
(Print Name)

.....
(Date)

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