**SYDNEY CHEVRA KADISHA**

Complete this form to the best of your ability and bring to the meeting with the Chevra Kadisha to organise the funeral.

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| Deceased First Name/s:  |
| Deceased Surname:  |
| Location & Address Where Deceased Passed Away:  |
|   |
| Current Location of Deceased (if different to above): |
|  |
| Date of Passing:  | Time:  |
| Deceased Date Of Birth:  | Sex:  |
| Deceased Residential Address (if different to above): |
|  |
| **Next of Kin Details** |
| First Name/s:  | Surname:  |
| Contact No/s.:  | Email:  |
| Residential Address:  |
|  |
| Relation to Deceased:  |
| **Deceased Details** |
| Deceased Full Hebrew Name:  |
| Mother’s Hebrew Name:       | Father’s Hebrew Name:       |
| Deceased Tribe: Cohen [ ]  | Levy [ ]  | Israel [ ] Tallit Provided: Chevra [ ]  | family [ ]  |
| Deceased Occupation During Working Life:  |
| Was Deceased Retired (Y/N): Pension Type (Aged [ ]  | Invalid [ ]  | Veteran [ ]  | Other  |
| Deceased Surname at Birth:  |
| Place of Birth: Town:  | Country:  |
| Date of Arrival to Australia (dd/mm/yyyy):  |
| Marital Status at Time of Death: N/M [ ]  | Married [ ]  | Widowed [ ]  | De Facto [ ]  | Divorced [ ]  |
| **Marriage(S) Details** |
| Town:  |
| Country:  |
| Age (at the time of Marriage):  |
| First Name of Spouse:  |
| Surname of Spouse or Maiden Name (female):  |
| Marital Status at the Time of Second Marriage: Widowed [ ] Divorced [ ]  |
| Town:  |
| Country:  |
| Age (at the time of Marriage):  |
| First Name of Spouse:  |
| Surname of Spouse or Maiden Name (female):  |

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| **Deceased Parent’s Details** |
| Father of Deceased – First Name:  | Surname:  |
| Mother of Deceased – First Name:  | Maiden Name:  |
| **Children Details** |
| Children - First Name/s:  | Surname: | Date of Birth: | Sex:  |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| **Funeral / Minyan Details** |
| Cemetery Name:  |
| Section No.:  Grave No.:  Grave (Reserved) No.:   |
| Name of Synagogue (if deceased is a member):  |
| Name of Officiant (Rabbi/Reverend):  |
| Funeral Service Location:  |
|  Date:  Time:   |
| Live Streaming: [ ]  On Web?: [ ]  Recording: [ ]  |
| Mourners Cars - Address for Pick Up: Time: Sedan:  Limos:  |
|  |
|  |
| Minyan/im Full Address: Date: Time/s: |
|  |
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|  |
| **Details of Person Providing Information (if different to NOK):** |
| First Name of Person Providing Information:  |
| Surname:  | Relation to Deceased:  |
| Residential Address:  |
|   |
| Mobil:  | Ph:  |
| Email:  |
| Person Responsible for Account (if different to above):  |
| First Name:  | Surname:  |
| Relation to Deceased  |
| Residential Address:  |
|  |
| Mobil:  | Ph:  |
| Email:  |