Ph: (02) 9363 2248 Email: info@sck.org.au

SYDNEY CHEVRA KADISHA

Complete this form to the best of your ability and email to the Chevra Kadisha to organise the funeral.

Deceased First Name/s:	
Deceased Surname:	
Location & Address Where Deceased Passed Away:	
Current Location of Deceased (if different to above):	
Date of Passing:	Time of Passing:
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 ☐ | Separated ☐	

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's Parent's Details			
Father of Deceased – First Name:		Surname:	
Mother of Deceased – First Name:		Maiden Name:	
Deceased's Children's Details			
Children - First Name/s:	Surname:	Date of Birth:	Sex:

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: ☐ Display On the Web?: ☐ Recording: ☐
Mourners Cars - Address for Pick Up: Time: Sedan: Limos:
Minyan/im Full Address: Date: Time/s:

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:	