**SYDNEY CHEVRA KADISHA**

Complete this form to the best of your ability and email to 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 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: |
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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:  Display On the Web?:  Recording: | | | | | |
| Mourners Cars - Address for Pick Up: Time: Sedan:  Limos: | | | | | |
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| 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: | | | | | |