

Minge Funerals

KLEEMANN FAMILY
MURRAY BRIDGE | EST. 1933

"Every life leaves a legacy; every goodbye deserves to be meaningful."



Personal Profile Record of

At Minge Funerals, we understand that planning ahead is a thoughtful and considerate way to ease the burden on your loved ones.

By recording your personal details and funeral preferences in advance, you provide your family with clarity and reassurance during a difficult time, allowing them to honour your wishes with confidence and peace of mind.

This form is designed to help you document essential information that will assist your family in arranging a farewell that reflects your life and values. While this is not a legal document, it serves as a valuable guide to ensure your wishes are known.

Please complete the details carefully and store this in a safe place known to least two trusted family members.



Personal Details Full Name: Place of Birth: _____ Phone: _____ Mobile: ____ No of Years Spent in Australia: _____ Date of Birth: Occupation: **Marital Details** ☐ Widowed ☐ Divorced ☐ Never Married Place of Marriage: Date of Marriage:

Spouse's Full Name:

Details of Previous Marriage/s (if applicable): ______



Children

Name of Child (1):
Date of Birth (1):
Name of Child (2):
Date of Birth (2):
Name of Child (3):
Date of Birth (3):
Name of Child (4):
Date of Birth (4):
Name of Child (5):
Date of Birth (5):
Name of Child (6):
Date of Birth (6):
Parents
Father's Full Name:
Father's Occupation:
Mother's Full Name:
Mother's Maiden Name:
Mother's Occupation:



Next-of-Kin Address: Phone: _____ Mobile: _____ **Property & Estate Information** Location of Will: **Solicitor** Company: _____ Contact Name: _____ Address: Phone: ______ Mobile: _____ **Executor** Company: _____ Contact Name: ____ Address: Phone: _____ Mobile: ____



Email: _____

Location of Property Title:		
Mortgage Details:		
		_
Details of Other Properties:		
		_
		_
Insurance		
Life Insurance:		
Company:	Policy No:	
Contact Name:	Phone:	_
Beneficiary Name:	Phone:	_
Email:		
Location of General Insurance Po	olicies including Car, Home etc:	
		_



Superannuation Fund

Name of Fund:	Ref No:
Contact Name:	Phone:
Beneficiary Name:	Phone:
Email:	
Name of Fund	Dof No.
Name of runu:	Ref No:
Contact Name:	Phone:
Beneficiary Name:	Phone:
Email:	
Financial Information	
Bank:	Branch:
Account Number:	
Type:	
Bank:	Branch:
Account Number:	
Type:	
Bank:	Branch:
Account Number	



Туре:	
Bank:	Branch:
Account Number:	
Туре:	
Location of Bank Books and l	
Other Assets:	
Details of Credit Arrangeme	ents including Hire Purchase, Bank Card etc:
Details of Marriage and Birth	n Certificates:



Funeral Instructions

Unless specifically stated, the wishes recorded below serve as guidance for the
family and are not binding instructions. The family may confirm or adjust these
preferences to best reflect their needs at the time.
My remains are to be:
□ Cremated □ Buried
Name of Preferred Funeral Director:
Address:
Phone: Mobile:
Email:
Grave/Cremation Deed Details.
Name of Cemetery:
Deed No:
Name of the Person to Whom the Grave/Deed is Issued:
Additional Information:
Clubs/Societies to be Notified:





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