

TWENTYMANS

FUNERAL DIRECTORS

Since 1867

AUTHORITY FOR FUNERAL ARRANGEMENT **AND AGREEMENT AS TO PAYMENT** **TERMS AND CONDITIONS**

IMPORTANT: Please Read Carefully

Full Name of Deceased
(hereinafter called "the Deceased")

Address

Date of Death:

Died at (state place and address if different from above)

As Executor/Next of Kin/Appointed Representative Relationship

I, (full name)

Physical Address

Postal Address

Email Address

Phone Number Mobile Number

DEPOSIT: I AGREE to pay a deposit at the time of the arrangement and appointment of the Funeral Directors, of the following amount \$.....

Please see terms and conditions on reverse of this page

Applicant's Signature

Full Name:

Signature:

Executor/Next of Kin/Appointed Representative

☐ Tick here to indicate that you have read and agree to the above terms and acknowledge this acts as your signature

Address:

Phone No:

Occupation:

Date:

Witness' Signature

Full Name:

Signature:

☐ Tick here to indicate that you acknowledge this acts as your signature

Address:

Phone No:

Occupation:

Date: