

**NOMINATED
FUNERAL DIRECTORS FORM**

**FOR NURSING HOME CLIENTS
(PLEASE GIVE THIS FORM TO NURSING HOME STAFF)**

notify
choice of
funeral
director

In the event of the passing of

I hereby nominate Clarke Family Funerals to be engaged to carry out the transfer and assist my family in determining funeral arrangements.

Authorised by

Print Name :

Signature :

Relationship :

Dated :

Clarke Family Funerals

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