

After the Funeral

Following the death of a loved one there are a number of business and personal contacts who need to be informed of the passing.

The following check list may be helpful:

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| <input type="checkbox"/> Social Security/Veterans' Affairs | |
| <input type="checkbox"/> Medicare/Health Funds | <input type="checkbox"/> Local/ State authorities (rates) e.g.
Brisbane City Council |
| <input type="checkbox"/> Banks/Other financial institutions (bank accounts) | <input type="checkbox"/> Electoral office |
| <input type="checkbox"/> Banks/Other financial institutions (credit cards) | <input type="checkbox"/> Health professionals (doctor) |
| <input type="checkbox"/> Accountant/Financial Advisor | <input type="checkbox"/> Health professionals (dentist) |
| <input type="checkbox"/> Employer/s | <input type="checkbox"/> Post Office |
| <input type="checkbox"/> Solicitor/Public trustee | <input type="checkbox"/> Australian Tax Department |
| <input type="checkbox"/> Insurance Companies (Life insurance and superannuation funds) | <input type="checkbox"/> Libraries |
| <input type="checkbox"/> Insurance Companies (House, Contents, Car) | <input type="checkbox"/> Video Stores |
| <input type="checkbox"/> Dept of Transport – Car registration and Driver's licence | <input type="checkbox"/> Airline Frequent Flyer programs |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Home Nursing Service | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Department Store (accounts) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Landlord/real estate agent | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Clubs, organisations/professional bodies | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Telephone companies (landline and mobile) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Internet Service Provider | <input type="checkbox"/> _____ |
| <input type="checkbox"/> T.V. Cable companies | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Electricity Provider | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Gas Provider | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Water Provider | <input type="checkbox"/> _____ |