

**Subject:** RMH Palliative Care

**From:** "Opferkuch, Megan (RMH)" <Megan.Opferkuch@mh.org.au>

**Date:** 23/11/2021, 6:13 pm

**To:** "brettdale@hotmail.com" <brettdale@hotmail.com>

Hi Brett,

Thanks for taking my call earlier.

The contact details for the ward are

Palliative and Supportive care ward 7W

Royal Melbourne Hospital

Parkville VIC

Ph: +61 (03) 9342 2580

Please contact us if there is anything we can assist with and/or if you find up to date contact details for your cousin Caroline

Sincerely,

Meg Opferkuch

Palliative Care Registrar

**Subject:** Lionel  
**From:** CAROLINE RYAN <caroline1ryan@me.com>  
**Date:** 25/11/2021, 11:25 am  
**To:** brett@osirisnz.com

Hi Brett,  
This is the best email for me.  
Let me know what I can do.  
Hope you and Gillian are OK.  
Caroline.

ENT Doctors  
Dr Caroline Ryan  
T 03 9020 7342  
F 03 8686 1449

**Subject:** Lionel Dale

**From:** Coordination <coordination@kingstonfunerals.com.au>

**Date:** 25/11/2021, 3:03 pm

**To:** "brett@osirisnz.com" <brett@osirisnz.com>

Hello Brett my name is Debbie from Browne Brothers Funerals, we have been notified by Megan Dale that Lionel has passed away and he will come into our care today as it was Lionel's wishes that Browne Brothers handles the arrangements. With you being the senior next of kin & also the executor you will need to make all the arrangements. If you can please let me know of your decisions so we can go from there. Meagan was happy for me to give you her number if you need it which is 0447601702

Kind regards

**Debbie Davis**

Co-ordinator

Office: (03) 9585 2822

Fax: (03) 8080 1618

[coordination@kingstonfunerals.com.au](mailto:coordination@kingstonfunerals.com.au)

[www.kingstonfunerals.com.au](http://www.kingstonfunerals.com.au)

**KINGSTON FUNERALS**  
*stories of everyday people*

**Subject:** arrangements for Lionel Dale  
**From:** Angie Hooper <angie@kingstonfunerals.com.au>  
**Date:** 25/11/2021, 6:52 pm  
**To:** "brett@osirisnz.com" <brett@osirisnz.com>

Dear Brett,

Thank you for placing your trust in Browne Brothers and allowing us to care for you and your family at this difficult time.

As instructed, Browne Brothers Funerals will now proceed with an Unattended Cremation service for your father, Lionel Dale.

I have attached a Personal Details Form for you to fill out and submit back to me at your earliest convenience. The information you provide will be used to register Lionel's death, so as much detail is required as possible. If you are unable to fill in all the blanks, then "unknown" will be listed on the Death Certificate.

The certificate takes around 2 – 4 weeks to be sent from Births, Deaths and Marriages and will be sent to you directly, not to us.

I have a couple of questions for you below:

1. Does Lionel have a pacemaker?
2. Was Lionel wearing any jewellery at the time and would you like it returned or to go with him?
3. Are you happy for Lionel to be cremated in what he is wearing?
4. If Lionel was on a pension, can you please list his Reference number and his Medicare number on the Personal Details form?
5. Would you like to arrange for someone to collect Lionel's ashes from our office, 146 Argus Street, Cheltenham or alternatively we could post them to you for an additional cost.

Payment can be made by Credit Card or by bank transfer; account details are listed on the invoice when this is emailed to you. We do not add this to Unattended Cremations as we do not cremate until full payment has been made.

We do ask that once invoice is received, that payment be made within 24 hours.

If you have any further queries, please do not hesitate to contact me via return email or on the number below.

Kind regards,

Angie Hooper  
Arranger / Conductor

Office: (03) 9585 2822  
Fax: (03) 8080 1618

Mob: 0437 589 019

[angie@kingstonfunerals.com.au](mailto:angie@kingstonfunerals.com.au)

[www.kingstonfunerals.com.au](http://www.kingstonfunerals.com.au)



— Attachments: —

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3. KFS BD&M Form.pdf	340 KB
z. BB About the Death Certificate.pdf	75.5 KB
Who to Notify 01.06.21.pdf	54.0 KB

Arranger: \_\_\_\_\_ ☐ KFS ☐ BB Referral: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_  
(Title) (Surname) (All Given Names)

Home Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Authorised By: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Phone: (M) \_\_\_\_\_

Email: \_\_\_\_\_

Account To: \_\_\_\_\_ Arr At: \_\_\_\_\_

Address: \_\_\_\_\_

Day: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

Venue: \_\_\_\_\_

Address: \_\_\_\_\_

☐ Cremation ☐ Burial Grave: \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_

Clergy/Celebrant: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Instructions:

Arr. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

D.O.D: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age: \_\_\_\_\_

Pension: ☐ Yes ☐ No

Veterans Affairs: ☐ Yes ☐ No

Marital Status: \_\_\_\_\_

Jewellery: ☐ Yes ☐ No

Returned: ☐ Yes ☐ No

Coffin: \_\_\_\_\_

☐ Cross ☐ Crucifix

☐ RSL ☐ Flag ☐ Poppies

☐ Masonic ☐ Last Post

Flower Code: \_\_\_\_\_

DN: \_\_\_\_\_

FN: \_\_\_\_\_

Music: ☐ Yes ☐ No

Viewing: ☐ Yes ☐ No

View Day: \_\_\_\_\_

View At: \_\_\_\_\_

View Time: \_\_\_\_\_

ESTIMATE		FINAL COST	
Cremation / Cemetery Fees	\$	Service Fees	\$
Adverts D/N - Approx: \$	\$	Coffin / Casket	\$
Adverts F/N - Approx: \$	\$	After Hours Transfer Fee	\$
Floral Tributes	\$	Mortuary	\$
Refreshments	\$	Mourning Car	\$
Church / Chapel Fee	\$		\$
Photo Tribute DVD	\$	Total Directing Fee	\$
Order of Service	\$	Plus Disbursements	\$
	\$	Total Cost of Funeral	\$
	\$	Less Deposit	\$
	\$		
Total Disbursements	\$	Nett Balance Due	\$

I hereby authorise the Kingston Group, a subsidiary of Bethwood Pty Ltd. to carry out all funeral arrangements as detailed above, including any preparation that may be required. I accept full responsibility for the payment of all costs incurred on my behalf and  
**\*I agree to settle the account on or before the day of the funeral or a \$350.00 admin fee will apply.**

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Witness: \_\_\_\_\_

# KINGSTON FUNERALS



## Personal Details - For Births, Deaths and Marriages

Family Name		Family Name at Birth*	
Given Names*		Also Known As	
Date Of Birth	...../...../.....	Date Of Death	...../...../.....
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Aboriginal or Torres Strait Island origin? <input type="checkbox"/> Yes <input type="checkbox"/> No

Main occupation during working life (1 only)		Retired	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth*	Country		
	Suburb	State	
Year of arrival if born outside Australia*		Age on arrival*	

Residential Address*			
			Postcode

Place of Death*			
			Postcode

If you would like us to notify Centrelink/Medicare on your behalf please complete below	
Centrelink CRN (if known)	
Medicare Number (if known)	
Does your loved one have a pacemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Must provide a figure or answer

Parents of the deceased	Mother's family name	
	Mother's family name at birth	
	Mother's given name(s)	
	Mother's usual occupation	
	Father's family name at birth	
	Father's given name(s)	
	Father's usual occupation	

Marriage details - Please begin with most recent relationship				
Current (please select)	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single
	<input type="checkbox"/> Overseas Same Sex Marriage		<input type="checkbox"/> Civil Union	<input type="checkbox"/> Domestic Partner
	Partner's name at birth			
	Date of marriage/union*	...../...../.....	Age of deceased at time of marriage/union*	
	Country		State	
	Suburb			
Location of marriage/union				

Previous	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single
	<input type="checkbox"/> Overseas Same Sex Marriage		<input type="checkbox"/> Civil Union	<input type="checkbox"/> Domestic Partner
	Partner's name prior to marriage			
	Date of marriage/union*	...../...../.....	Age of deceased at time of marriage/union*	
	Country		State	
	Suburb			
Location of marriage/union				

Previous	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single
	<input type="checkbox"/> Overseas Same Sex Marriage		<input type="checkbox"/> Civil Union	<input type="checkbox"/> Domestic Partner
	Partner's name prior to marriage			
	Date of marriage/union*	...../...../.....	Age of deceased at time of marriage/union*	
	Country		State	
	Suburb			
Location of marriage/union				



Children of deceased	Full Name(s) - Birth and married (if applicable)	Date of birth
Please include any deceased children along with their date of birth		...../...../.....
		...../...../.....
		...../...../.....
		...../...../.....
		...../...../.....
		...../...../.....

This is the person who will sign the paperwork and receive the Death Certificate	Family Name		
	Given Name(s)		
	Relationship		
	Address	<b>(No P.O. Boxes Please)</b>	
		Postcode	
	Email		
	Telephone		

Cremated remains instructions	
<input type="checkbox"/>	Applicant will collect cremated remains directly from crematorium
<input type="checkbox"/>	Cremated remains to be interred/held at crematorium
<input type="checkbox"/>	Funeral Director will collect cremated remains and hold for applicant
<input type="checkbox"/>	Funeral Director will collect cremated remains and deliver to applicant - \$75 charge
<input type="checkbox"/>	Funeral Director will collect cremated remains and deliver to cemetery for internment - \$75 charge

**Please confirm the accuracy of the above information**

Print Name

Signature

Date



**Office Use Only**

Cremation/Burial will take place at:

On

...../...../.....

Arranger

BDM Registered by

Date

...../...../.....

Reg Number

Pos. Number

Database

☐ Yes

Initials

# Application for cremation authorisation

Form 3 (Regulation 18, Schedule 1)

Cemeteries and Crematoria Act 2003  
Cemeteries and Crematoria Regulations 2015

This form must always be accompanied by a 'Certificate of registered medical practitioner authorising cremation' (Form 4) unless the application relates to one of the following, in which case the Form 4 is not required:

- the cremation of a still-born child (please check the 'Medical Certificate of Cause of Perinatal Death' form to confirm whether the application relates to a still-born child)
- where an order has been made by a Coroner under section 47 of the *Coroners Act 2008*
- a deceased person who died interstate or overseas and for whom an authority to cremate has been issued by the Coroner or other person permitted by the law of the jurisdiction where they died to authorise the cremation.

Please complete in block letters

Name of crematorium at which cremation is to take place: LAKE MULWALA CREMATORIUM

## Details of the deceased

Title: MR Given names: LIONEL FRANK

Surname: DALE

Sex: ☒ Male ☐ Female Age: 87

Date of birth: 17 / 03 / 1934 Date of death: 24 / 11 / 2021

Last known permanent address: JAMES BARKER HOUSE, 64 BUCKLEY ST

Suburb/town: FOOTSCRAY State: VIC Post code: 3011

Religion, if any (please note this field is optional):

Did the deceased have a spouse or domestic partner at the time of the deceased's death? ☐ Yes ☒ No

## Applicant for cremation authorisation

Please note it is important that you advise the cemetery trust of any changes to your contact details as the cemetery trust will use these details to contact you about the cremated remains in the future.

Title: MR Given names: BRETT LIONEL Surname: DALE

Address: 30 BROWNING ST

Suburb/town: LEAMINGTON, CAMBRIDGE State: NEW ZEALAND Post code: 3034

Telephone Home: +6421814315 Work: Mobile:

Email: brett@osirisnz.com

Signature of applicant:

Date: 29 / 11 / 2021

## Cremated remains

Following cremation, the cremated remains are to be:

☐ Memorialised at:

☒ Collected by: FUNERAL DIRECTOR

☐ Held at crematorium for up to 12 months after the cremation:

☐ Other [please specify]:

*Please note that cemetery trusts are required to hold the cremated remains for at least 12 months after the cremation. Following the expiry of the 12 month period, the cemetery may dispose of the cremated remains in any way that it considers appropriate.*

*If you would like to nominate an agent to collect the cremated remains provide the following details:*

## Agent details

Title: Given names: Surname:

Address:

Suburb/town: State: Post code:

Telephone Home: Work: Mobile:

Email:

## Matters relating to the cremation

Service type: ☐ service both ends ☐ meet at cemetery ☒ no attendance

Location: LAKE MULWALA CREMATORIUM

Date of cremation: / / Time:

Special service requirements:

Other remarks:

## Statement by funeral director

This section should be filled out by the funeral director or the person who is otherwise arranging for the cremation of the human remains.

- ☒ Removal of pacemaker or other battery-powered device from the deceased is not required.
- ☐ I have arranged for any pacemaker or other battery-powered device referred to on the 'Medical certificate of cause of death' to be removed from the deceased as required by the relevant cemetery trust.

Company name  
(if applicable): KINGSTON GROUP

Company stamp

Title: Mr                      Given names: Douglas Raymond

Surname: Faragher

Address: 146 ARGUS STREET

Suburb/town: CHELTENHAM

State: VIC

Post code: 3192

Telephone: 03 9585 2822

Fax: 03 9585 2422

Email: info@kingstonfunerals.com.au

Signature of funeral director:

Date:     /     /

## Warning

Under section 132 of the *Cemeteries and Crematoria Act 2003* it is an offence to make a false statement in an application for a cremation authorisation, punishable by a fine of up to 600 penalty units or 5 years imprisonment or both.

### Privacy statement

☐ If you wish to receive information about memorialisation goods and services please check this box

Any personal information you provide in your application will be treated in accordance with the principles set out in the *Privacy and Data Protection Act 2014*. You may request access to the information we hold about you and you may request its correction if necessary.

The information you provide is required to enable us to process your application and inform you of matters concerning it. We also need the information to perform our functions, comply with our obligations and exercise our rights under the *Cemeteries and Crematoria Act 2003*. Except for the information you are required to submit under that legislation, you are not obliged to provide any personal information. However, should you choose not to provide this information, we may not be able to process your application or provide the services for which the information is required.

Under the *Cemeteries and Crematoria Act 2003*, we are also required to keep records containing certain information regarding interments, cremations and rights of interment. Members of the public are entitled to access those records.

## Tax Invoice

Brett Dale  
 30 Browning Street  
 Leamington, Cambridge 3034  
 New Zealand

**Invoice No.:** 00025417  
**Date:** 29/11/2021  
**Your Ref:** Dale, Lionel F

**Arranger:** Angie Hooper  
 angie@kingstonfunerals.com.au

### Terms:

*Payment is  
 required prior to  
 the service date.*

CODE NO.	ITEM CODE	DESCRIPTION	UNIT PRICE (inc-GST)	TOTAL PRICE (inc-GST)
1	Funeral service for the late	Lionel Frank Dale		
1	BB- Unattended Cremation	BB- Unattended Cremation	\$1,950.00	\$1,950.00
1	Cemetery Costs	Cremation LMC		
1	NSD/Tstee Wood	NSD/Tstee Wood		
1	Sundry Sales	Postage of Ashes	\$75.00	\$75.00
1	Sundry Sales	Please note payment to be made in Australian Dollars		

### Please note:

**A late payment fee of \$350.00 may apply if payment has not been received in full within 7 Days.**

Subtotal:	\$2,025.00
GST:	\$184.09
Total (inc-GST):	\$2,025.00
Paid to Date:	\$0.00
<b>Balance Due:</b>	<b>\$2,025.00</b>

## How to Pay



### by credit card

To pay via MasterCard or VISA please visit or call our office

PHONE: 03 9585 2822

Please note: Credit card payments incur a 1% surcharge.

Quote Ref: 00025417

Direct Deposit

BETHWOOD PTY LTD

National Aust Bank

BSB: 083-590

ACC: 541783124

Please quote reference no. 00025417



### in person

Present your cheque or cash to your arranger on or prior to the service date.

*Thankyou for placing  
 your trust in  
 The Kingston Group*

# Who to Notify When Someone Dies

Person or Organisation to be contacted	Notified of Death Yes/No	Contact person, Phone Number, & address if required	Notes, Details of account numbers, reference numbers
Ambulance Service			
Australian Electoral Commission		132 326	
Australian Taxation Office		132 861	
Banks and Credit Unions			
Pay Tv Providers such as - Foxtel			
Centrelink - they will also notify Child Support and Medicare		132 300	
Chemist			
Companies - such as Directorships			
Department of Veterans Affairs		133 254	
Education Providers - Schools, TAFE or University			
Employers			
Executor of the Will			
Family and Friends			

Person or Organisation to be contacted	Notified of Death Yes/No	Contact person, Phone Number, & address if required	Notes, Details of account numbers, reference numbers
Foreign Pensions - if the authority details are known contact Centrelink's International Services		131 673	
Funeral bond provider			
Funeral Director			
Funeral Insurance Company - Prepaid funerals			
Gardener			
Hairdresser			
Health Benefit Funds			
Health Professionals such as Doctor, Physiotherapist, Dentist, Podiatrist, Optometrist			
Hearing Centre			
Home Delivery Services - newspaper, groceries			
Hospital			
Insurance Companies			
Landlord, tenants			



Person or Organisation to be contacted	Notified of Death Yes/No	Contact person, Phone Number, & address if required	Notes, Details of account numbers, reference numbers
Local Councils - Rates / In home services			
Local Post Office			
Professional such as Solicitor, Accountant, Financial Advisor			
Public Services such as Library and State Authorities			
Public Trustee			
Religious Organisation or Church			
Service Organisations - such as Red Cross, Rotary, Apex, Lions, Scouts, Guides			
Social Worker			
Superannuation Funds			
Telecommunication providers such as phones, internet			
Unions			
Utility Companies such as Gas, Electricity, Water			
Vehicle Licensing and Registration authorities such as Vic Roads			

## ABOUT THE DEATH CERTIFICATE

A Death Certificate is a document produced by the state government that acts as an official identification document for when someone passes away.

In Victoria, the Registry of Births, Deaths and Marriages (BDM) handle the registration of a death.

The Death Certificate is an important document that you will need for legal and financial reasons, as evidence of your loved one's passing. Generally speaking, it can take several weeks from the time the Death Registration Application form is completed to receive the final document from the BDM.

When arranging a funeral with Kingston Funerals, our experienced funeral directors will take care of all the forms. Your funeral director will ask you for the information required and will register the death after the funeral has taken place. Here are the questions you will be asked to answer about the person who has died to complete the registration application. It may help to have their birth and marriage certificates available to give you this information.

- Full name
- Date of birth
- Place of death (full address of hospital or residence)
- Residential address
- Occupation during working life
- Place of birth (city and country)
- Marital status at time of death
- All marriages (place of marriage—city, state & country, full name of spouse, age at the time of marriage)
- Parents' names and occupations, including mother's maiden name
- Children's names, dates of birth and ages
- Your relationship to the deceased

It's important to know the Death Certificate is different from the Cause of Death Certificate which is provided by a hospital or doctor. The Cause of Death Certificate cannot be used in place of the Death Certificate.