

Living local

Start here

Full name

Preferred name Date of birth

Address

Postcode

Gender Male Female

Aboriginal or Torres Strait Islander Yes No

I describe myself as Male Female Lesbian Gay Bi-sexual Transgender Intersex Other

Country of birth

Primary Language Secondary Language

Marital status Unknown Widowed Single Married Divorced Seperated

Religion

Medicare Number Position No Expiry Date

Name as it appears on Medicare Card

Resident Bank Details Registered with Medicare Yes No Unsure

Pensioner status Full Pensioner Part Pensioner Non Pensioner

Centrelink Number

DVA Number DVA Expiry

Private Health Insurance Provider Membership Number

Ambulance Membership Number Diabetic Association Number

Transport Access Scheme Nominated Hospital Yes No

Funeral arrangements

Funeral Director

Living local

Primary contact

Full name Relationship

Address

Postcode Mobile

Telephone Bus After hours

Email address

Secondary contact

Full name Relationship

Address

Postcode Mobile

Telephone Bus After hours

Email address

Additional contact

Full name Relationship

Address

Postcode Mobile

Telephone Bus After hours

Email address

Financial Power of Attorney

Full name Relationship

Address

Postcode Mobile

Telephone Bus After hours

Email address

Medical Power of Attorney

Full name Relationship

Address

Postcode Mobile

Telephone Bus After hours

Email address

Living local

Medical practitioner

Full name Practice

Practice Number Mobile

After hours Fax

Email address

Resident Correspondent Directives

Mail

Will the resident receive official mail? (Bank statements, Bills etc.) Yes No

If no, send to:

- Self
- Primary Contact
- Secondary Contact
- Financial Power of Attorney

Duty

If yes, does the resident wish to continue to vote? Yes No