

Funeral Wishes

PERSONAL DETAILS		
Title:	. Full Name:	
Date of Birth:	Place of Birth:	
Address:		
	Post Code:	
Telephone:	Email Address:	
NEXT OF KIN DETAILS		
Address:		
	Post Code	e:
Telephone:	Mobile:	
Relationship:		
	Funeral Details	
ABOUT YOU AS AN INDIV	'IDUAL	
Important people?		
Important places?		
What are your interests? .		
Is there anything that you	would like reflected in your funeral (beliefs / professio	on / interests / teams)?
Do you have a particular t	one / message / memories to be included in the funera	11?

BEFORE THE FUNERAL What personal care / washing / dressing would you like? Is there anything you would like in your coffin? Would your family and friends like to see you before the funeral? **FUNERAL TYPE** Would you prefer a Cremation or a Burial? If cremation, do you have a preferred crematorium? What would you like to happen with your ashes? If burial, do you already own a plot – YES or NO If yes, please give plot details Cemetery: Plot Number: Plot Number: If you do not own a plot already, where would you like to be buried? This could be at a churchyard or cemetery, a woodland or natural burial site, or on private land Would you like a service before / after the committal? Where would you like a service to be held? Who would you like to conduct your service? Name: Contact Details: Telephone: Telephone: **FUNERAL OPTIONS** Do you have an existing pre-paid funeral plan? YES or NO If yes, please give details of who the plan is with and the plan number Would you want your death to be announced? If yes, in which publications / social media?

Do you have any preferences regarding coffins (Wood ef	fect / laminate / solid wood / wicker / wool /
cardboard / colourful / shroud)?	
Would you want flowers at your funeral? Who from? Wh	nat type / Colour preferences? Afterwards?
Have you considered the type of hearse / limousine you know what options are available)	would like? (Please ask us if you would like to
Would you like the hearse to follow a particular route to	the service or committal?
Would you like the mourners / funeral directors to adher	re to a dress code?
Would you like an order of service available to mourners content / design?	? If so, have you any preferences for layout /
SERVICE WISHES	
Would you like the room where the service will be held t photographs, a particular scent?	
Do you have preferred music / hymns / songs you would	
Entry - Title: Arti	st:
During – Title: Artis	t:
Leaving – Title: Arti	st:
Do you have any preferred readings or poetry you would like to read?	
Reading – Title: Rea	d by:
Reading – Title:	d by:

Reading – Title: Read by:		
	would like to act as pall-bearers?	
	Name:	
	Name:	
Name:	Name:	
Name:	Name:	
PLANNING YOUR WAKE		
Would you like your wake to be held	at a particular location?	
Do you have any special requests for	your wake?	
OTHER DETAIL OR SPECIAL REQUEST	s	
•	you may wish to consider. We can provide further ing you may like to consider, with no obligation:	information on
Memorial Book	Memorial Picture	e / Poster
Balloons	Donation Box	
Favours for mourners	Ashes to keepsal	(es
For donation boxes, do you have an i	dea of which organization you would like the donat	ions to go to?

Declaration of understanding: I confirm that the instructions recorded within this document are a true representation of how I would like my funeral to be conducted and what I would like the occasion to include. In the event of my death, I would like these wishes to be followed and I am consenting to them being shared with those detailed in the document.

I can confirm that I have not paid any money in putting together my funeral wishes.

I do / do not (delete as applicable) have an existing funeral plan which I would like these wishes to work alongside.

Please tick here to confirm you have read and understood the Declaration of Understanding

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