

My Funeral Wishes

Please complete this form if you would like to record your own funeral wishes.

This document can then act as a guide to your family and friends, to let them know what kind of funeral you would like. You can give as much detail as you want, with the headings below given as a guide as to the kind of information you might like to include. Please feel free to add extra pages if necessary, with any additional details you wish to be known.

If possible, please tell someone that you have completed this form and keep a copy of it in a safe place. We can also keep a copy of it or, if you have made a Will, you may wish to keep a copy of this form with it.

These are the funeral wishes of

Full Name

Date of Birth

Address

Postcode

Telephone

Signed

Date

Next of kin:

(The person most likely to deal with your funeral arrangements)

Full Name

Relationship

Address

Postcode

Telephone

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Type of Funeral Service

In the event of my death, I wish to be CREMATED / BURIED (delete as appropriate)

Before the cremation / burial, I would like a separate funeral service to take place at:

_____ (Name of Religious building or place)

(Delete if not required)

CREMATION: I would like the cremation to take place at _____

and afterwards, I would like the cremated remains to be:

- Scattered at the Crematorium in the Garden of Remembrance
- Interred at a Cemetery / Churchyard (Please specify location) _____
- Collected by my family for keeping / scattering / interment (Delete as appropriate and include location details if appropriate)

BURIAL: I would like to be buried in

(Please specify burial location and provide as much information as possible regarding the grave, including if the burial is new or existing)

Preferred Minister or Officiant (If known)

The Service or Ceremony

I would like the following;

Music to be played _____

Readings or poetry to be read _____

Other requests _____

I would / would not like an order of service to be printed (Delete as appropriate)

Coffin Details

The type of coffin I would like is:

- Solid
- Veneer
- Willow/Seagrass/Wicker/Bamboo
- Cardboard

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Chapel of Rest

I do / do not wish to be viewed in the Chapel of Rest (Please delete as appropriate)

I would like to be dressed:

- In my own clothes (Please specify)
- In a funeral gown

My last journey on the day of the funeral

I would like to make my last journey by:

- Traditional funeral hearse
- Horse-drawn hearse
- Other (Please specify) _____

I would like the journey to start from:

- The Funeral Directors premises
- My home
- Other (Please specify) _____

Flowers and Donations

I would like floral tributes from:

- Anyone who wishes to send them
- Family only
- None, I would like donations to be made to:

(Please specify the charities to whom donations should be sent)

Press Announcements

I would / would not like an announcement to be placed in a Newspaper (Delete as appropriate)

Name of Newspaper if required:

Paying for the Funeral

This account is to be settled by: (Delete as appropriate)

My estate My Family An insurance policy or

A Pre-Paid Funeral Plan (Please specify who this has been arranged with and the policy number)

_____ Policy Number: _____