

Letter of Wishes for Executors Use (Benefactor's Full Name):

Dated: / /

Death Certificate Information

Full Name of Deceased:

Date of Birth: ... /... / ...

Town of Birth:

Country of Birth:

Father's Name:

Father's Town of origin:

Mother's Name:

Mother's Town of origin:

Letter of Wishes for Executors Use (Benefactor's Full Name):

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People to be notified and invited to the Funeral

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List of next of kin and friends: i.e. Husband/Wife/Son/Daughter/Mum/Dad/Brother/Sister/Nephew/Niece/Uncle/Aunt/Step/In-Law/Friend/Colleague etc

Contact # i.e. 1 thru last	Full Name	Relationship to Benefactor	Telephone Number	Email Address	Postal Address	Has a private Letter of Wishes	Contacted By Whom On Date
Example	Mr Fred Bloggs	Brother	+44 1234 5678 910	fred.bloggs@gmail.com	29 The Cuttings, Coleford, Gloucestershire England	Yes / No	Who: When: ... / ... / ...
						Yes / No	Who: When: ... / ... / ...
						Yes / No	Who: When: ... / ... / ...
						Yes / No	Who: When: ... / ... / ...
						Yes / No	Who: When: ... / ... / ...
						Yes / No	Who: When: ... / ... / ...
						Yes / No	Who: When: ... / ... / ...

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Dated: / /

People to be contacted **BUT NOT INVITED** to the Funeral

1 of 1

Order to Contact	Full Name	Telephone Number	Email Address	Postal Address	Contacted By Whom On Date
					Who: When: ... / ... / ...
					Who: When: ... / ... / ...
					Who: When: ... / ... / ...
					Who: When: ... / ... / ...
					Who: When: ... / ... / ...
					Who: When: ... / ... / ...
					Who: When: ... / ... / ...

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Funeral Wishes

Funeral Director

Director Name:

Company Name:

Postal Address:

Phone Number:

E-Mail Address:

Coffin

Casket Type:

Casket Material:

Casket Colour:

Clothing

Outfit: (specific clothes i.e. blue suit/dress suit)

Significant Items: (ring/jewellery/watch etc)

Favourite Item: (golf club/soft toy etc)

Casket Open or Closed for viewing: Opened / Closed

Open casket only

- Is wedding ring to be removed before committal?

Letter of Wishes for Executors Use (Benefactor's Full Name):

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Funeral Ceremony

Pre-Service

Pre-Committal Service required? Yes / No

If yes only

- Postal Address (or Location) of Service:
- E-Mail Address:
- Phone Number:
- Service to be conducted by:

Service Music (to be played)

When i.e. arrival/middle/departure	Group/Band/Singer	Song	Comments

Service Song (to be sung)

When i.e. arrival/middle/departure	Group/Band/Singer	Song	Comments

Special Features

- Bag Pipes? Yes / No
- Releases? Doves / Balloons / Not Applicable
- Memorial Video? Yes / No

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Funeral Ceremony (cont.)

Committal

Type of committal Burial / Cremation / Other (.....)

Postal Address (or Location) of Committal:

E-Mail Address:

Phone Number:

Committal to be conducted by:

Committal Music (to be played)

When i.e. arrival/middle/committal/departure	Group/Band/Singer	Song	Comments

Committal Song (to be sung)

When i.e. arrival/middle/committal/departure	Group/Band/Singer	Song	Comments

Burial only

- Cemetery Plot ID:

Cremation only

- Location for Ashes to be scattered at:

Special Features

- Bag Pipes? Yes / No

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- Releases? Doves / Balloons / Not Applicable
- Memorial Video? Yes / No

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Self-written obituary:
(PLEASE COMPLETE BELOW)

Yes / No

Picture for Obituary:
(PLEASE ATTACH)

Yes / No