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FUNERAL PRE-ARRANGEMENT DETAILS FORM



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FUNERAL PRE-ARRANGEMENT DETAILS

DETAILS FOR FUNERAL

Full Name:		
Address:		
PRELIMINARY DETAILS		
I have / have not written a Will - location of Will		
If there is a Will, please treat this expressed in that Will, with the Wi	document as expanding on the wishes	
(2) My next of kin is (name / address / tel. no):	MINARY DETAILS have not written a Will - location of Will (If there is a Will, please treat this document as expanding on the wishes expressed in that Will, with the Will taking legal precedent if relevant.) next of kin is (name / address / tel. no): person arranging the funeral will be: (If you have a Will, and this person is not the executor, then any executor) must agree to the arrangements in this document. If your death, the person registering your death would find it helpful to have details of your NHS Card NHS Number, details of birth or birth certificate and details of any state pensions and allowances. state where they can be located or who is aware of their location: (To complete your "estate" additional important information will be needed, such as bank details, insurance policies etc a list of these can be found at the end of this form	
(3) The person arranging the funeral will be:		
If you have a Will, and this person must agree to the arrangements in	is not the executor, then any executor	
and / or NHS Number, details of birth or birth certification	te and details of any state pensions and allowances.	
To complete your "estate" add needed, such as bank details, insube found at the end of this form	itional important information will be urance policies etc a list of these can	
(5) Do you wish to donate your body to medical scien	ce ☐ Yes ☐ No	
If yes, this must be arranged in ad and you need to discuss the funer	vance. This form will not be necessary, all with whoever is using the body.	



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(6) Is it your wish to die at home? \square Yes \square No
If yes, do you want to have your body retained at home until the funeral $\;\;\square\;\; \text{Yes} \;\;\square\; \text{No}$
(7) If you should die in hospital or a nursing home, do you want your body to be returned home prior to the funeral? If so, indicate how long for
(8) In most situations, nurses lay out the body. Where it is possible, would you prefer someone else to do this, or perhaps assist. Give name and contact details:
(9) Do you wish your body to be embalmed? ☐ Yes ☐ No
If you choose woodland / natural burial, embalming may not be accepted.
(10) What type of coffin do you require?
(If you require an unusual, or artist painted coffin, details of the supplier and design must be arranged
(11) On the funeral, do you want your body transporting in:-
A standard hearse? ☐ Yes ☐ No Other ☐
If you choose other, and you want a specific vehicle type, leave contact details of the company if possible:
(12) Do you want a following limousine for the immediate family
(They can use their own vehicles, if preferred.)
(13) Bearers - would you prefer family bearers (four - six needed)
or bearers provided by a funeral director
(14) Flowers - do you want to leave wreath and flower choice to mourners ☐ Yes ☐ No
Or: Do you want family flowers only Or: No flowers Or: Other
And / Or: Donations to
(This must be announced at service.)
(15) Obituaries - If you want your death and funeral announced in any publications. Which publications? How many entries?



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(16) Do you have any special requests, i.e. letter or photo to be placed in coffin, special route for the hearse, jewelery left on your body etc.		
THE FUNERAL SERVICE		
(17) Do you require a funeral service? ☐ Yes ☐ No If yes, before going to the crematorium or burial, do you want a service in church, chapel, village hall or other place first? If yes, give details.		
(18) What religion / spiritual belief / philosophy will the service be based upon?		
(19) Do you have a minister, independent celebrant, humanist officiant or other person in mind to take the service? This can be a friend or relative, if desired:		
(20) If you wish to guide those arranging the service, enter the following details:- Is the service open to all		
Any music, hymns during service		
Music entering		
Music leaving		
Any text or poems Any other details		
(21) Do you want an address/eulogy at the service about your life? If so, the text should be enclosed, or the name of who will devise, or give the address:		
(22) Is there any particular person(s) you wish to be invited to the service, who might otherwise be omitted:		
(23) Are there any rituals or features you want including in the service?		



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WAKE / GATHERING AFTER FUNERAL

(24) Do you wish for a gathering or wake after the funeral? If so, just for family, or friends as well?
At which location?
(25) Do you wish there to be food and drink? If so, any preference as to how much and what?
(26) Any other requests, such as music, slide show etc?
CREMATION
(27) After cremation, where would you like your cremated remains placing?
(28) If an urn or casket is required, do you require a specific type?
BURIAL
(29) Your preferred place of burial
If an existing grave, location of deeds
If a new grave, grave type
(30) Do you have a specific memorial in mind \square Yes \square No
If yes, are you sure this is permitted on the above grave
Name of any mason/supplier you have identified to supply and/or fix the memorial



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articulai WiSHE	ire a memorial service, or some sort of gathering, do you have any es as to where or how long after the funeral?
	ss as to where or now long after the funeral?
COMMEMO	ORATION
32) If you requ	ire a form of commemoration after your death, please state
	This may include a grave memorial, Book of Remembrance, etc. or may extend to a donation, endowment, gift to parish or church, or the planting of a tree. If the information is given in a Will or is confidential, there is no need to give details
LAST WISH	HES
	y last wish, or words unsaid you wish to say now
	,
or perhaps you	wish to leave a letter. State location
and to whom ac	ddressed
	Any particular sections that I have left unanswered, I leave to the discretion of my family / the person arranging the funeral.
	These are my Advance Funeral Wishes, I hope that those people who are responsible for my funeral are, as far as possible, able to carry them out.
Signed By: _	
	Date:
ull Name:	



Marriage certificate / bank account details / credit cards / hire purchase agreements / mortgage and home insurance details / rent books / gas, electricity, water and telephone account details / life insurance / car details / share certificate details / premium bonds / pension details / details of doctor, solicitor, accountant, stockbroker, employer / full home address / last occupation / full name and occupation of spouse / maiden name if married woman