



Pure Reflections

End of life Celebration & Resomation

PURE REFLECTIONS RESOMARIUM

Navan, County Meath

FUNERAL WISHES

Personal Details

Full Name (Inc. Title)

Address (Inc. Eircode):

Telephone No.:

Email Address:

Place of Birth:

Date of Birth: Sex: Religion:

Single Married Separated Divorced Widow/er Civil Partner

Next of Kin Details

Full Name (Inc. Title)

Address (Inc. Eircode):

Telephone No.:

Email Address:

Relationship:

FUNERAL DETAILS

About you as an Individual

Important People:

Important Places:

What are your Interests:

Is there anything that you would like reflected in your funeral (beliefs/ profession/ interests/ teams)?

Do you have a particular tone/ message/ memories to be included in the funeral?



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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 like a service before/ after the committal in the Pure Reflections facility?

Whom would you like to conduct your service?

Full Name:

Telephone No.:

What would you like to happen with your ashes?

Funeral Options

Do you have an existing pre-paid funeral plan?

Yes No

If yes, please give details of who the plan is with and the plan number:

Would you want your death to be announced?

Yes No

If yes, in which publications/ radio station/ online media?

Do you have any preferences regarding coffins (wood effect/ laminate/ solid wood/ wicker/ wool/ cardboard/ shroud)?

Would you want flowers at your funeral? Who from? What type/ colour preferences? Afterward?

Would you like mourners to adhere to a dress code?

Would you like an order of service available to mourners? If so, have you any preference for layout/ content/ design?



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Service Wishes

Would you like the room where the service will be held to be decorated with anything such as flowers, photographs, etc.?

Do you have preferred music/ hymns/ songs you would like to have played?

Entry - Title: Artist:

During - Title: Artist:

Leaving - Title: Artist:

Do you have any preferred readings or poetry you would like and any preferences on who you would like to read?

Reading - Title: Read by:

Reading - Title: Read by:

Reading - Title: Read by:

Would you have anyone specific you would like to act as pall-bearers?

Name: Name:

Name: Name:

Name: Name:

Name: Name:

Planning your Wake

Would you like your wake to be held at a particular location?

Full Address (Inc. Eircode):

Do you have any special requests for your wake?

Other Details or Special Requests



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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 this document.

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

I do/ do not (circle 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 understand the Declaration of Understanding.

Print Name:

Signature:

Date: