

Navan, County Meath

FINAL WISHES					
Personal Det	ails				
Full Name (Inc. Title):					
Address (Inc. Eircode):					
Telephone No.:					
Email Address:					
Place of Birth:					
Date of Birth:		Sex: Religion:			
○ Single	○ Marrie	ed 🔘 Separated 🔘 Divorced 🔘 Widow/er 💮 Civil Partner			
Next of Kin D	etails				
Full Name (Inc. Title)					
Address (Inc. Eircode):					
Telephone No.:					
Email Address:					
Relationship:					
		FUNERAL DETAILS			
About you as	an Individ	dual			
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/ washii	ng/ dressing would you like?						
Is there anything you would like in your coffin or shroud?							
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 hap	ppen with your ashes?						
Funeral Options							
Do you have an existing pre-paid funeral plan?			○ 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							
If yes, in which publications	s/ radio station/ online media?						
Do you have any preferences regarding coffins (wood effect/ laminate/ solid wood/ wicker/ wool/ cardboard/ shroud) or would you prefer a shroud?							
Would you want flowers at your funeral? Who from? What type/ colour preferences? Afterward?							
Would you like mourners to	o 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:						
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 a wake? If so, would you like it to be held at a particular location?						
Full Address (Inc. Eircode):						
Do you have any special requests for your wake?						
bo you have any special requests for your wake.						
Other Details or Special Requests						



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Declaration of Understanding

Date:

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.

O I do not (tick 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.

Printed Name:

Signature: