

End of life Celebration & Resomation

PURE REFLECTIONS RESOMARIUM

Navan, County Meath

FINAL WISHES

Personal Det	tails				
Full Name (Inc. T	ïtle):				
Address (Inc. Eircode):					
Telephone No.:					
Email Address:					
Place of Birth:					
Date of Birth:		Sex:		Religion:	
○ Single	○ Married	○ Separated	O Divorced	○ Widow/er	🔿 Civil Partner
Next of Kin I	Details				
Next of Kin I					
Next of Kin I Full Name (Inc. T	ïtle)				
Next of Kin I Full Name (Inc. T Address (Inc. Eirc	ïtle)				
	ïtle)				

Direct Resomation

If you would like the ultimate green and affordable choice, we also offer Direct Resomation. This option eliminates the need for many unnecessary items, therefore reducing costs and environmental impact. Our team will simply collect and prepare the body for resomation. After the process, the remains will be beautifully presented in our Pure Reflections Premium Urn Package, including a biodegradable urn, transition candle, Forever Link smart memorial card, and handprint.

○ Yes, I'm interested in the Direct Resomation.	O No, I prefer to explore other options.
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FUNERAL DETAILS

About you as an Individual		
Important People:		
Important Places:		
What are your Interests:		
Is there anything that you wou	, Id like reflected in your funeral (beliefs/ profession/ interests/ teams)?	
Do you have a particular tope	message/memories to be included in the funeral?	

Before the Funeral

Do you want your body to be embalmed?

What personal care/ washing/ dressing/embalming would you like?

Is there anything you would like in your coffin or shroud?

Do you want to be waked/viewed before the funeral service?

Funeral Type		
Would you like a committal service before or a memorial service after resomation?		
Whom would you like to conduct your service?		
Full Name:		
Telephone No.:		
What would you like to happen with your hydrolysized remains (ashes)?		
F		
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?		() No
lf yes, in which publications/ radio station/ online media/ rip.ie?		
Do you have any preferences regarding soffice (wood offert / laminate/ solid wood/ wis	vor/wool/cordboord/chroud/procontation	hace)
Do you have any preferences regarding coffins (wood effect/ laminate/ solid wood/ wic		Dasej.
Would you want flowers at your funeral? Who from? What type/ colour preferences? Af	erward?	

O Yes

O No

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?

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:		

Service Wishes

Do you have any preferred readings or poetry you would like and any preferences on who you would like to read?			
Reading - Title:		Read	d by:
Reading - Title:		Read	d by:
Reading - Title:		Read	d by:
Would you have anyone specific you would like to act as pall-bearers?			
Name:		Name:	
Name:		Name:	
Name:		Name:	

Name:

Planning your Wake

Name:

Would you like a wake? If so, would you like it to be held at a particular location?

Full	Address	(Inc	Fircode	۱.
гип	Audress	(IIIC.	LIICUUE	

Do you have any special requests for your wake?

Other Details or Special Requests

After The Resomation

Following the resomation, I would like my resomated remains to be:

Kept at home in a decorative urn			
Buried in the cremated remains section at			
Name of Ce	metery		
Buried in my family grave at			
Name of Ce	metery		
Grave No.			
Placed into a niche in a colombarium wall			
Placed in the Memorial Cube			
Scattered on land at			
Location			
Scattered over water at			
Location			



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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.

Oldo Oldo not (tick as applicable) have an existing funeral plan which I would like these wishes to work alongside.

Would you be interested in prepaid funeral services if we were to offer them in the future?

○ Yes ○ No

Please tick here to confirm you have read and understand the Declaration of Understanding.

Printed Name:	
Signature:	
Date:	