

END OF LIFE PLAN/WISHES

Name:

Address:

Postcode:

Next of Kin:

Religion:

Occupation:

Doctor's name:

Address:

Postcode:

Viewing of the deceased? Yes or No

If Yes, own clothes or funeral gown?

Jewellery/Personal effects:

Coffin: *(traditional, willow, cardboard etc)*

Cremation or Burial?

Funeral Service at:

Hearse and Bearers?

Limousine?

Minister, Celebrant or Humanist?

Music: *(3 pieces - entry, reflection time and exit)*

Hymns?

Organist?

Order of Services?

Flowers?

Donations?

Funeral tea afterwards?

Newspaper notice?

Cremated remains: *(returned home, scattered or interred)*

Wallace Stuart Funeral Directors,
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Lady Funeral Directors