



253A Allerton Road
Bradford
BD157QU
Tel: 01274 480068

Email: funeralcarer@btinternet.com
Website: www.kanefamilyfunerals.co.uk

MY FUNERAL WISHES PLAN

NAME:.....

DATE:.....

*To help my family through.
For I'll be always loving you.*



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MY FUNERAL WISHES PLAN

I understand that this funeral plan does not legally bind my family/friends to follow it to the letter. I hope that it will help to guide them through after I am gone, so that they might feel that I am still helping them in some small way, and so that they might feel reassured if they do have questions, that these were my thoughts and wishes.

Practical arrangements that I have made that might help my family/friends:

INSURANCE.

My life is insured with:

Name of insurer:.....

Where my family might find the policy:.....

My life is not insured. Tick box if not insured.

COMPLETE ONLY IF YOU HAVE MADE A WILL.

My will is filed with (tick option that applies) : Solicitors..... Private will filed privately.....

IF FILED WITH SOLICITORS

Name/Address of

Solicitors.....

IF COPY EXISTS OR THIS IS A PRIVATE WILL

My family might find a copy of my will in this place.....

NO WILL EXISTS

I have not made a will. Tick box if no will exists.

FUNERAL EXPENSES PLAN.

I have a funeral payment plan to help cover costs (Tick box of this exists):

Name of Funeral Plan.....

My family will find details of this plan in:.....

I do not have a funeral payment plan. Tick box if no plan exists.

BIRTH CERTIFICATE.

The Registrar will prefer my family to have this when they register my death.

My birth certificate can be found here.....

THE PERSON(S) IN MY FAMILY OR OF MY FRIENDS WHO WILL LEAD IN ARRANGING MY FUNERAL ARE:

Name of first person:.....

Name of second person:.....

I should like my copy of this document to be filed with :

Name of person who will hold the document:.....



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AFTER MY DEATH—POST MORTEM EXAMINATION

I understand that in some circumstances E.g. sudden death at home, a post mortem examination is required by law and my family would have no say in the matter. I also understand that a post mortem examination would give my family the exact cause of my death and they may also be asked to consent to this where it is advisable but not required by law.

If I die in circumstances where my family do have a say in the matter then my wishes are: (Please tick whichever is your preference)

I should like a post mortem to be carried out where available to me.

I should prefer that a post mortem examination is not carried out., if we can avoid one, but I understand that it may be necessary—and in these circumstances I do not wish my family to be concerned..

CARE OF MY BODY BEFORE MY FUNERAL/AFTER RELEASE BY CORONER

I should prefer: (Please tick your preference):

To be cared for by a funeral director

My preferred Funeral Director is:

.....

To be returned home and cared for there

(I understand that this may require some additional specialist services to be supplied)

To remain in the city mortuary or hospital mortuary until my body is collected for the funeral.

(I understand that there will be a mortuary fee for this).



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PRESENTATION OF MY BODY

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I understand that in circumstances where post mortem has introduced a time delay, and where my relatives would wish to view me or have me returned home, it may be necessary to have my body embalmed in order to preserve my body and be a comfort to my family and friends.

I wish to be embalmed.

Please tick: YES OR NO

I wish my relatives to see my body if it would bring them comfort . YES NO

When I am in my coffin, I should like to wear:

Please tick your preference:

My own day clothes:

My own night clothes:

A supplied coffin gown..

An eco-friendly sheet or gown

If you have ticked a preference for your own day or night clothes, please supply any detail that you would like: E.g. colour, outfit, any accessories, anyone you would like to choose these items for you.

.....
.....
.....
.....
.....

If my relatives wish to go on caring for me during this difficult period, I should like then to be offered the chance to help to prepare my body, dress me, do my hair etc.

Please tick your preference:

YES I should like then to have this offer

NO I should prefer this not to be offered to them

MY COFFIN (Tick your preferred choice)

I should like my coffin to be:

Wood or wood veneer

Other eco-friendly material:.....

Cardboard:.....

To supply my own coffin OR alternative option where allowed (Please specify details).....

.....

Finishes I prefer are (tick your preferred choice):

Dark Wood E.g. Dark Oak or Elm

Medium Gold Wood E.g. Medium Oak.....

Rich Red Wood (E.g. Mahogany).....

Light Wood (E.g. Pine)

Limed Wood (E.g. Limed oak that is near white).....

Bamboo (E.g. Pale, natural woven strips).....

Willow (E.g. Warm, branch-like woven natural pieces).....

Painted Coffin (Cardboard or Wood) (Please specify details).....

.....

.....



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BURIAL WISHES (Please tick options that apply)

I understand that this may affect the type of coffin that I choose and may affect my decision about embalming—and that my Funeral Director will help me regarding what I need to know about this.
Please tick the statement that is your wish.

I wish to be buried in a cemetery.....

Please tick: Grave..... Vault..... Mausoleum.....Other.....

Is the above new or an existing family plot? New..... Existing.....

If Existing Name(s) of the relatives/persons who are buried there.....

.....
.....

Name of existing or preferred cemetery:.....

I wish to be buried in natural woodland.....

Name of preferred Woodland registered plot if known.....

I wish to be buried at home in my garden (I understand that permissions are required for this)

I wish to be cremated.....

Name of preferred Crematorium.....

I wish to be buried at sea.....

Name of location and coastal departure point.....
.....

CREMATION WISHES:

I understand that my ashes will be returned to my funeral director for relatives in a standard plastic jar or cardboard box. I wish my relatives to:

Leave my ashes with my funeral director until they have decided the best course.....

Keep my ashes in the original container until their disposal.....

(Subject to material being accepted for the type of disposal)

Place my ashes into a traditional wooden casket

Place my ashes into a willow or bamboo casket

Place my ashes in a receptacle of my relatives' or my choice

(I understand that my relatives will be advised as to material allowed for some forms of burial E.g. woodland burial).

If you have chosen the last option, what would be your receptacle of choice for your relatives?.....

.....

ASHES DISPOSAL

Please tick which statement(s) are your wish:

I wish my ashes to be scattered.....

My preferred scattering place would be.....

I wish my relatives to keep my ashes at home.....

My preferred relative's home would be.....

I wish my ashes to be buried in a cemetery/cremation plat.....

Please supply any preferred cemetery, or details of any existing plot.....

I wish my ashes to be buried in an existing grave.....

Please supply details of cemetery and name of person's grave.....

Other (please add detail)



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NOTICES OF MY DEATH

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I should like notice of my death to be published in the following Newspaper(s)/Circulation(s):
Please enter as appropriate:.....
.....
.....

TRIBUTES

I should like floral tributes as follows: (Please tick option that applies)

Family floral tributes only:

Family and close friend tributes only (family to advise friends):

No floral tributes at all:

My favourite flowers are:
.....
.....
.....

My favourite floral colour schemes are:
.....
.....
.....

DONATIONS

I should like a box/plate for donations and my preferred charity organisations are:
.....
.....
.....
.....
.....

FUNERAL TRANSPORT

I should prefer: (Please tick preference)

Horse Drawn Carriage with limousine cars for close family/friends

Hearse with limousine cars for close family/friends

Own transport only (Please state details or outline any particular preferred forms of transport)
.....
.....

MY FORM OF SERVICE

I should like my funeral service to be held in (please tick preferred option):

A church prior to committal at graveyard.....

A church prior to committal at Crematorium.....

A Crematorium service only.....

Other (Please state):.....

Preferred denomination for service:...(E.g. R/C, C/E, Methodist, Humanist, Mix of poetry/hymns and popular music)

My preference is:

If R/C, Requiem Mass preferred:

Yes.....No.....



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DETAILS OF MY SERVICE

I should like the Funeral Director's staff to carry my coffin. YES NO

I should like the following relatives/friends to assist in the carrying of my coffin:

Please enter names/relationships as appropriate:

.....
.....
.....

MUSIC—CHURCH SERVICE PRIOR TO CREMATION BURIAL

I should like the following hymns or music at my church or private chapel service:

First Hymn or Song/Music:

.....

Intermediate Hymn or Song/Music

.....

Exit Hymn or Song/Music

.....

MUSIC—CREMATION SERVICE OR COMMITTAL

If I have a Crematorium Committal after the Church Service, OR a Cremation Service only, I should like the following hymns/songs/music:

Entrance Hymn/Song/Music

.....

Reflection Hymn/Song/Music

.....

Departure Hymn/Song/Music

.....

WORDS

I should like the following Bible or other readings/words to be used in my service:Please give titles/references

.....
.....
.....
.....

READERS

I should like to invite the following relatives/friends to take part in my service:

.....
.....
.....

I should like any tribute about my life to be given by:

.....
.....

With background input from

.....
.....

I do not want a tribute to my life. (Tick if applicable)

CONDUCT OF SERVICE

I should like the following Priest, Vicar. Minister or Speaker to lead my service:

.....

I do not have a Priest/Vicar or Minister and should like my family to take advice from my Funeral Director.

(Tick if applicable)



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MY COFFIN DURING MY SERVICE SHOULD BE (Tick preference):

Open.....
Closed.....

I should like the following people to particularly be invited, as my friends and relatives may not be aware how special they are to me:

Please enter names/relationships/address or contact number as appropriate:

.....
.....
.....

I SHOULD LIKE THE FOLLOWING SPECIAL TRIBUTES TO BE INCLUDED AS THEY REPRESENT THINGS IN MY LIFE THAT I ENJOYED

(Examples include Children’s input for teachers, particular memorials to talents or hobbies—E.g. solo players, choirs, dancing shoes, any video or audio messages that you may wish to be played at your funeral etc.):

.....
.....
.....

AFTER MY FUNERAL SERVICE:

I should like family and friends to be offered (Please tick preferred option):

- A hot drink and biscuits at home.....
- A simple sandwich meal and hot drinks at home.....
- A buffet at a preferred venue.....
- A sit-down meal at a preferred venue.....

I should like alcoholic drinks to be available Yes..... No.....

My preferred venues are:

.....
.....

MY MEMORIAL (Tick preferred option and enter detail if you know what you would prefer)

I have an existing memorial and would like to add these words:.....

.....

I should like a new memorial in traditional stone of:

- Yorkshire Stone
- Blue Slate
- Dark Granite
- Marble (Indicate colour preferred)
- Other (please enter):

I should like the lettering on the new stone to especially include the following (Please enter):

.....
.....
.....

I should not like a traditional stone but instead request the following to be placed as my memorial/ I have indicated my traditional stone preferences but I should also like: (Cross out/enter as applicable):

Please tick and enter relevant detail E.g. Wording/Location/Type)

- Bush.....
- Tree.....
- Memorial Bench.....Indicate where.....
- Plaque.....Indicate where.....
- Donation.....Indicate what to:.....
- Entrance in Book of Remembrance.....
- Other (Please detail).....

I should not like a traditional option, but would prefer my relatives/friends to choose a simple memorial.....



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DECLARATION:

I declare that I...(Enter full name).....on this day...(Enter date)

.....

have agreed the detail of this Funeral Wishes Plan as a true record of my wishes and as guidance to my family and friends.

I have obtained this form from Kane Family Funerals Ltd at no cost.

Signed.....

Print Name.....

Witness.....

Print Name.....

For Family & Friends

This form does not oblige you or your loved one to take services from Kane Family Funerals. It is our version of the form—other less detailed examples are available on the Internet—and we offer ours freely.

If you need any help after consulting the guide that your loved one has left for you, or if we have been nominated as the preferred Funeral Director, please do not hesitate to call us at the above number and we will gladly assist you.

This form is available freely from us, should you or your relatives and friends wish to leave a similar guide for your family.

Detailed assistance with forms of words, music, service design and potential costs is additionally available from us either at your own home or at our premises. We will design and lead services if you wish, at no cost, for any of our funerals.

We hope that this form offers some guidance and peace of mind and allows your loved one to make some choices and continue to offer you a guiding, supporting hand when families need it the most.