MY FUNERAL WISHES

A record of my wishes for my family and those arranging my funeral

Please keep this document somewhere safe and tell the people closest to you where it is kept.

This form allows you to record your personal wishes in advance. You can change your wishes at any time by completing a new form.

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1. ABOUT ME

Full Name:

Known as:

Date of Birth:

Home Address:

Telephone:

Email:

2. THE PEOPLE I WOULD LIKE INVOLVED

Person I would most like to be contacted about my funeral

Name:

Relationship to me:

Telephone:

Email:

Other people who should be involved

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3. WHAT TYPE OF FUNERAL WOULD I LIKE?

Please tick your preferred option.

☐ **Natural Burial at The Orchard**

☐ **Traditional Burial**

☐ **Cremation**

☐ **Direct Cremation**

☐ **I am undecided**

☐ **Other:**

If I have chosen a burial, do I have a preferred location?

☐ The Orchard Natural Burial Ground

☐ Another burial ground

☐ I have not decided

Details:

If I have chosen cremation, do I have a preference?

☐ Attended Cremation

☐ Unattended/Attended Direct Cremation

☐ I have not decided

Details:

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continued

4. MY FUNERAL DIRECTOR

My preferred funeral director

Company:

Contact name, if known:

Telephone:

Reason for my choice:

☐ I have already discussed my wishes with them.

☐ I have already made arrangements with them.

☐ I have not yet spoken to them.

5. MY COFFIN OR ASHES CONTAINER

If I am buried, my preference would be:

☐ Eco Friendly Cardboard Coffin

☐ Wooden Coffin

☐ Hand Woven Wicker Casket

☐ Other:

Colour/style or other preference:

If I am cremated, I would like my ashes to be:

☐ Buried

☐ Scattered

☐ Kept by my family

☐ Divided between family members

☐ Used in a memorial

☐ I have not decided

My wishes:

6. WHERE WOULD I LIKE MY ASHES TO GO?

If my ashes are to be buried or scattered, I would like this to happen:

Location:

Specific area, if known:

Reason this place is important to me:

Anything else I would like my family to know:

7. MY CEREMONY

Would I like a funeral ceremony?

☐ Yes

☐ No

☐ I would like my family to decide

continued

Where would I like the ceremony to take place?

☐ Funeral home

☐ Crematorium

☐ Burial ground

☐ Place of worship

☐ Other venue

☐ I have no preference

Details:

Who would I like to conduct the ceremony?

☐ Celebrant

☐ Minister/religious representative

☐ Family member/friend

☐ I have a specific person in mind:

What would I like the ceremony to feel like?

☐ Traditional

☐ Informal

☐ Celebration of life

☐ Quiet and intimate

☐ Religious

☐ Non-religious

☐ Nature-focused

☐ Humorous/light-hearted

☐ Other:

My thoughts:

8. MUSIC

Music I would like played

On Arrival:

During the ceremony:

Reflection:

Leaving:

Any songs or music I specifically do NOT want?

9. READINGS, POEMS & WORDS

Is there a particular reading, poem, passage or piece of writing I would like included?

Is there something I would like someone to say about me?

Who would I like to speak?

Name:

continued

Relationship:

_____

Other people I would like to speak:

10. RELIGIOUS OR SPIRITUAL WISHES

☐ No religious element

☐ Christian

☐ Other faith

☐ Spiritual but non-religious

☐ I am undecided

Specific wishes or traditions:

Place of worship, if applicable:

11. FLOWERS & TRIBUTES

Flowers

☐ Flowers are welcome

☐ Family flowers only

☐ No flowers

☐ I would prefer donations instead

My preference:

Donations

If I would prefer donations, I would like them to go to:

Charity/organisation:

Reason:

12. WHAT SHOULD PEOPLE WEAR?

☐ Formal/smart clothing

☐ Casual clothing

☐ Bright colours

☐ Black/dark colours

☐ Something connected to my interests

☐ I don't mind

My preference:

13. PERSONAL TOUCHES

This is the bit where you can make the funeral unmistakably **you**.

Something I would like displayed

☐ Photographs

☐ Personal possessions

☐ Awards/achievements

☐ Artwork

☐ Sporting items

☐ Work-related items

continued

☐ Other:

_____

Something unusual or personal I would like included:

Is there a favourite photograph I would like used?

Where is it kept?

14. MY CLOTHING & PERSONAL ITEMS

What would I like to wear?

Are there any personal items I would like with me?

Are there any items I specifically do NOT want buried or cremated with me?

15. MY LIFE STORY

This section is optional, but it may help the person conducting my funeral.

Three things I am most proud of:

1.

2.

3.

People who have been important to me:

Places that have been important to me:

Things I have loved doing:

Something I would like people to remember about me:

16. MY EULOGY WISHES

If someone gives my eulogy, these are the things I would like them to mention:

And please don't forget:

continued

17. AFTER THE FUNERAL

Would I like a memorial gathering/wake after the funeral?

☐ Yes

☐ No

☐ I don't mind

My wishes:

18. MY DIGITAL LIFE

I would like my family to consider what should happen to my:

☐ Social media accounts

☐ Photographs

☐ Emails

☐ Digital files

☐ Online subscriptions

☐ Personal website

☐ Other digital accounts

My wishes or instructions:

Important information is stored:

For security, do not write passwords or PINs on this form.

19. IMPORTANT INFORMATION

My Will is kept:

My funeral wishes are kept:

My important documents are kept:

Person who knows where my important documents are:

Name:

Telephone:

20. THINGS I DON'T WANT

Sometimes knowing what someone **doesn't** want is just as important.

I do NOT want:

☐ A religious ceremony

☐ A formal ceremony

☐ Black clothing

☐ Flowers

☐ Certain music

☐ Certain readings

☐ A large funeral

☐ A small/private funeral

☐ People wearing black

☐ Something else:

continued

My additional wishes:

21. MY FINAL MESSAGE

If I could leave one message for the people arranging my funeral, it would be:

22. DECLARATION

I have completed this document to record my personal wishes regarding my funeral and arrangements following my death.

I understand that this document is intended to **communicate my wishes and preferences to my family, friends and those responsible for arranging my funeral**.

I understand that my wishes may not always be capable of being followed due to circumstances, availability, legal requirements, the policies of a crematorium or burial ground, or other practical considerations.

I understand that this document is **not, by itself, a legally binding contract or funeral plan**, and completing it does not require Orchard Funeral Services Ltd to provide funeral services.

I understand that my wishes may be changed by me at any time. I should destroy or clearly mark previous versions as superseded when completing an updated version.

Where I have made arrangements with a funeral director or purchased a separate funeral plan, I understand that the terms of that agreement will apply.

I understand that any wishes relating to my estate, Will, property, financial affairs, medical treatment or other legal matters should be dealt with through the appropriate legal documentation and should not rely solely upon this form.

MY SIGNATURE

Full Name:

Signature:

Date:

WITNESS SIGNATURE

I confirm that the person named above has completed and signed this document in my presence.

Witness Name:

Address:

Signature:

Date

continued

23. FAMILY / EXECUTOR ACKNOWLEDGEMENT

I have been made aware that the above funeral wishes have been recorded.

Name:

_____

Relationship to the person completing the form:

_____

Signature:

_____

Date:

_____

ORCHARD FUNERAL SERVICES LTD

Your wishes. Your story. Your goodbye.

Please keep this document somewhere safe and make sure someone you trust knows where it is.

Version/date completed:

_____

Last reviewed:

_____

Next review recommended:

_____

continued