Funeral wishes form

When you fill in this form, you could consult your partner or spouse, your closest relatives or friends, or other appropriate people who will be responsible for making decisions about your funeral. You should lodge copies with them, and with the funeral coordinators at your Quaker meeting.

Please continue on additional sheets where needed.

Your name:	Your Quaker meeting:
Your address:	Your telephone number:

Who is your next of kin, or will be responsible for taking decisions after your death?	
Address:	Telephone number:

Who is named as executor in your will?	
Address:	Telephone number:
	Please give details of any additional executors on a separate sheet.

Who is your solicitor?	
Address:	Telephone number:

Where is your will kept? If it is not kept by one of the people named above, please provide their address details here.	
Address:	Telephone number:

How would you like your body to be disposed of?

Cremation	□	
Burial	□	
Green burial	□	
Medical research	□	(If you choose medical research, please tick a second choice as well.)
Other	□	

Please give details:

Would you like a Quaker burial or disposal of ashes?

□ Yes

□ No

Any special wishes for the disposal of your ashes or burial of your body:

Where would you want a meeting for worship to be held?

Quaker meeting house	□
Crematorium or cemetery chapel	□
Elsewhere	□

Please give details:

Should death notices be published?

In *The Friend* □

Elsewhere □

Please give details:

Who should be notified personally?

Please attach or write a list overleaf, with addresses, or say where this information can be found.

Do you wish for flowers? □ Yes □ No

Do you wish for gifts to charity? □ Yes □ No

Please give details:

Would you want a memorial meeting to be held later? □ Yes □ No

If yes, where?

Your signature: Date:
