

To My Family And Loved Ones

I wished to spare you as much anxiety, doubt and confusion as possible at the time of my death, so in this document I have suggested some arrangements in advance.

This form includes vital statistics, funeral service guidelines and cemetery requests, which are all important to share with the funeral director while assisting you to plan my service.

The form also includes more personal material for eulogies, obituaries and other remembrances as well as advice and guidance on other important issues you may come across.

Please accept these arrangements in the spirit they are given: with love, hoping to give you comfort and help you remember the time we shared.

Signature: _____

Date: _____

Witness: _____

Date: _____

Person To Be Notified First Upon My Death:

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Notes: _____

Information For A Newspaper Announcement & R.I.P. Notices

Place of Death: _____

Date of Death: _____

Spouse: _____

Married for number of years: _____

Children, their spouses: _____

Grandchildren: _____

Siblings: _____

Clubs: _____

Military Service: _____

Special Interests, hobbies and pets, etc: _____

Memorial donations: _____

Vital Information About Me

Full Name (First, Middle, Last): _____

Address: _____

Town / City: _____

County: _____ Eircode: _____

Length of Time at Current Residence: _____

Date of Birth: _____ Gender: _____

Place of Birth (Town / City): _____

Occupation: _____

Employer: _____

Business / Industry: _____

Military Service: _____

Marital Status: _____

Maiden Name: _____

Name of Spouse (incl. Maiden Name): _____

Father's Name: _____

Father's Place of Birth (Town / City): _____

Mother's Name (incl. Maiden Name): _____

Mother's Place of Birth (Town / City): _____

Type of Funeral Service: Burial Cremation

My preference for the location of the Service or Celebration of Life:

- Funeral Home – Bunclody Funeral Home – Ferns Chapel of Rest – Kavanagh Funeral Home - Bunclody
 Outside Venue Place of Worship Other

Address of Venue, place of worship or other location: _____

Notes: _____

Preferences For My Service & Personal Life Review

Name of Clergy or Officiant: _____ or Funeral Home to recommend

Contact Information: _____

Notes: _____

Pallbearers (Six are Recommended)

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Personal Items: _____

Eyeglasses: Remove Leave on

Jewellery: Remove Leave on

Clothing: Selected clothing supplied

Music: _____

Favourite Genre or Artist: _____

Soloist: _____

Organist / Pianist: _____

Congregational Hymns: _____

Please be advised that most churches will only allow hymns during services.

Community Organisations or Clubs that may participate: _____

I would like the following religious beliefs expressed: _____

Favourite poem, verse or scripture: _____

Some significant accomplishments in my life: _____

Some of the greatest inspirations in my life: _____

If I could live over again I would change: _____

Favourite place: _____

Favourite colour, flower, food. etc: _____

I want my family to remember to remember me for: _____

Message to my family and friends: _____

Other notes: _____

Cemetery Instructions:

The following are my wishes regarding my final resting place.

Name of Cemetery: _____

Address: _____

County: _____

Grave Owned? Yes No

If Yes, specify location written on cemetery purchase agreement: _____

Final Resting Place: Earth Burial Columbarium Interment following cremation

Other: _____

Marker or Monument: _____ Purchased: Yes No

Monument company Name: _____

Inscription Instructions: _____

Reception Location: Funeral Home Outside Venue Place of Worship Other

Details: _____

Attendees: _____

