## Expression of wishes Please use black/blue ballpoint pen, with block capitals.

| Personal details:   | Next of kin details:                                     |  |  |
|---|--|--|--|
| Surname:  | Name:  |  |  |
| Forenames:  | Relationship:  |  |  |
| Maiden name: Date of birth:   | Address:   |  |  |
| (DD/MM/YYYY) Place of birth: / /  |  |  |  |
| Title:  |  |  |  |
| ☐ Mr ☐ Mrs ☐ Miss ☐ Other:  | Post code:   |  |  |
|   | Tel:   |  |  |
| Marital Status:   □ Single   □ Married     □ Divorced   □ Widowed                               | Do you have a will?                                      |  |  |
| Occupation:   | □Yes □No   |  |  |
| Current address:  | If yes, where is it held?                                |  |  |
|   |  |  |  |
|   |  |  |  |
| Post code:  | Do you have a funeral pre-payment plan?                  |  |  |
| Tel (home):   | □Yes □No   |  |  |
| Mobile:   | If yes, where is it held?                                |  |  |
| Email:  |  |  |  |
|   |  |  |  |
| Details of service (please tick preference)   |  |  |  |
| Would you prefer burial or cremation?   | ☐ Burial ☐ Cremation                                     |  |  |
| If burial, had you a place in mind or have an existing place in mind or have an existing place. |  |  |  |
| Do you wish to have a headstone?  | ☐Yes ☐No   |  |  |
| If cremation, where would you wish for your ashes to be   | · ,  |  |  |
| I would like my funeral service to be held at (please tick                                      | k preference):   |  |  |
| Church: (state which preferred)   |  |  |  |
| Crematorium chapel (state which preferred)  |  |  |  |
| Other:  |  |  |  |
| I would like my funeral service to take into account my   | religion/philosophy.                                     |  |  |
| Which is: I would like my service to be led by:   |  |  |  |
| □Minister   | □ Priest □ Humanist □ Other:                             |  |  |
| Name of preferred person: (if possible)   |  |  |  |
| I see my service to be:   | air □ Private, family only □ Family and friends □ Anyone |  |  |

| Personal wishes:   |                |                                     |                     |  |
|--|----------------|-------------------------------------|---------------------|--|
| Please write below any hymns, psalms, songs, music, or poems that you would wish to performed at your funeral? |                |                                     |                     |  |
|  |                |                                     |                     |  |
|  |                |                                     |                     |  |
|  |                |                                     |                     |  |
|  |                |                                     |                     |  |
|  |                |                                     |                     |  |
| I would like an announcment of my passing placed in the following publications (please state):                 |                |                                     |                     |  |
| Would you like flowers at your services from family only:<br>Flowers: (state colour and type prefered)         | □Yes           | □No                                 |                     |  |
| Do you wish for anyone to send flowers?  | □Yes           | □No                                 |                     |  |
| Would you prefer donations instead?  Donations: (state preferred charity)                                      | ☐Yes           | □No                                 | ☐ Don't mind        |  |
| Would you like a reception afterwards?   |                |                                     |                     |  |
| If so where would you prefer?  | □Yes           | □No                                 |                     |  |
| Any other wishes (please state)  |                |                                     |                     |  |
|  |                |                                     |                     |  |
|  |                |                                     |                     |  |
|  |                |                                     |                     |  |
|  |                |                                     |                     |  |
|  |                |                                     |                     |  |
| Coop Share Number:   |                |                                     |                     |  |
| (Should you use the services of De Gruchy's Funeral Care or Argent   | Funeral Care o | dividend will be paid on the servic | es provided by us ) |  |

## Please return the completed form to:

De Gruchy's Funeral Care Bagatelle Road St Saviour Jersey JE2 7TY

## We're here for your support and guidance:

Telephone: 499444

E-mail: degruchy.funeralcare@channelislands.coop



