

GLOUCESTERSHIRE AREA QUAKER MEETING
FUNERAL AND MEMORIAL MEETING WISHES FORM

When you fill in this form you could consult with your spouse or partner, your closest relatives, friends, or other appropriate people who will be responsible for making decisions about your funeral, such as Friends Responsible for Funerals, your solicitor or funeral director. You should lodge copies with them and with the Friends responsible for Funerals at your local meeting. You may not have all the information asked for, but please fill in as many sections as you can or wish to.

Name

Address

.....

Telephone Number(s)

E-mail

Member / attender of Quaker Meeting

Who is your next of kin, or would be responsible for taking decisions after your death?

Name

Relationship

Address

.....

Telephone Number(s)

E-mail

Name

Relationship

Address

.....

Telephone Number(s)

E-mail

Who is named as executor in your will?

Name

Address

Telephone Number(s)

E-mail

Please give details of any additional executors on page 4.

Who is your solicitor?

Name

Address

Telephone Number(s)

E-mail

Where is your will kept?

If it is not kept by one of the people named above, please provide their contact details here

Name

Address

Telephone Number(s)

E-mail

How would you like your body to be disposed of?

Cremation

Burial

Green/Woodland burial

Medical research

(If you choose medical research please make a second choice as well)

Organ donation

Other (please give details)

.....

Would you like a Quaker burial/disposal of ashes? Yes

No

Give 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?

- Crematorium or cemetery chapel
- Quaker Meeting House (Please specify which):QMH
- Elsewhere – please give details

.....

Should your death notices be published?

- In “The Friend”?
- Elsewhere (eg local/national newspaper)?

.....

Is there anyone else who should be notified? Please give details:

.....
.....

Do you wish for flowers? Yes No

Do you wish for donations to charity? Yes No
If ‘yes’, please specify

.....

Do you wish for a memorial meeting to be held later? Yes No
If ‘yes’, where?

.....

Any special wishes? (eg choice of music, readings etc.) Please give details

.....
.....

Signature Date

Name (printed)

