

#### Planning your Funeral Service is a personal choice.

This guide will identify your wishes and help make your funeral service planning easier for family and friends.

Fill out the sections that are important to you and regularly review and update your wishes.

Ensure your closest family or friend knows where to find this document.

Tip: It is also a good idea to send a copy to your preferred Funeral Celebrant (see page 4).

Your Name			
Date			
Service Type What type of service do	you wish to have?		
☐ Funeral Service	_	al service ( held after body has	been buried or cremated)
Do you want the service	e to be: Circle appli	icable descriptive words/phras	es
A celebration	Informative	Funny	Informal
Dignified	Inclusive	Short & sweet	Filled with music
Solemn	Serious	Formal	Private
Open to anyone		Opportunity for fam	ily to express their feelings
Add other words:			
Preferences			
Burial, cremation, aqua	amation, other?		
Is there anyone you wo	ould NOT want to be	e there?	
Do you want a colour o	or theme funeral? D	etail	
If cremated, place or so	catter my ashes at		
Preferred location of fu	uneral service		
Other preferences – pl	ease detail		



#### You

Full Name	Maiden Name
Date of Birth	Place of Birth
Parents' Names	
Siblings	
Education	
Primary School	High School
Tertiary Studies	
Career – highligh	its and dates
Career - highligh	its and dates
Career – highligh	its and dates
Career - highligh	ots and dates
Career - highligh	its and dates
Career - highligh	its and dates
Career - highligh	ists and dates
Career - highligh	its and dates



DESCRIBE WHAT YOUR CHILDHOOD WAS LIKE		
•		
•		
•		
WHAT ARE SOME OF YOUR MEMORIES FROM THOSE DAYS?		
•		
•		
WAS SCHOOL A POSITIVE EXPERIENCE FOR YOU? WHAT MADE IT THAT WAY?		
•		
•		
•		
DO YOU STILL HAVE FRIENDS THAT YOU MET AS A CHILD? IF SO, NAMES AND WHERE THEY LIVE/PHONE		
•		
•		
•		
DESCRIBE YOUR TEENAGE YEARS		
•		
•		
•		
VOLUB ADULT LIFE. MAADDIAGE AND FAMILY AND OR OTHER HIGHLIGHTS. It should detect to be		
YOUR ADULT LIFE – MARRIAGE AND FAMILY AND/OR OTHER HIGHLIGHTS. Include dates/places		



FAVOURITE PLACES AND/OR TRAVEL STORIES
•
•
•
HOBBIES / INTERESTS / FAVORITE BOOKS?
•
•
MUSIC – WHAT ARE YOUR FAVORITE SONGS AND/OR WHAT MUSIC DO YOU WANT AT YOUR SERVICE
•
•
•
POEMS – READINGS – ARE THERE ANY READINGS YOU WOULD LIKE AT YOUR FUNERAL? Name/author
•
•
•
TRIBUTES – WHO DO YOU WISH TO SPEAK AT YOUR FUNERAL?
•
•
•

Add additional documents or pages you may wish to include with your wishes.

YOUR SIGNATURE	PREFERRED FUNERAL CELEBRANT
Date	Contact Phone
Updated	Email