



mark shaw
FUNERAL SERVICES

My Funeral Wishes.

My name **Date of Birth**

My home address

Town Postcode

Telephone number email

Name of next of kin **Relationship**

email telephone

Address

Person to arrange my funeral **Relationship**

Email telephone

My wishes are to be Buried / Cremated

If burial, cemetery details

If cremation, wishes for ashes

Prior to burial or cremation I wish a service at

Name of preferred person, if known to do my funeral service (ie Minister or Celebrant)

Funeral service wishes such as music, readings, hymns

Following my funeral, enjoy teas at

Flower wishes

The clothing I wish to be dressed in

Personal wishes for presentation

Family and friends may "view" me at the funeral home Yes / No

Other wishes about "viewing"

Coffin choice plain traditional wood effect / high quality wood / willow or bamboo

bespoke picture coffin / other

For coffin choice see www.shawfunerals.co.uk/coffins

347 George Street,
Aberdeen, AB25 1EQ
01224 640008

26 Abbotswell Crescent
Aberdeen, AB12 5JW
01224 876000

A mark of respect
care@shawfunerals.co.uk
www.shawfunerals.co.uk



Any other notes or wishes.....

Solicitors details (if applicable)

Other documents such as details of banks or insurance or Birth and Marriage certificates which the Registrar will require may be kept alongside this form and any other documents related to your funeral.

You can store this form privately, but make sure family know where to look for it. You may also wish to give a copy to a family member, solicitor or your funeral director. By providing a copy of this form, you consent to your personal details as above being kept on record.

While this is not a legal document, my signature and date of signing confirms that these are the funeral wishes I would like to be carried out at the time of my death. In particular I note that the person I named to arrange my funeral takes precedence over any other relative according to Scottish Law.

Signed

Print name

Date.....

A witness signature is not necessary, but should you wish this form to be signed by a witness you may do so.

Witness name Signature

Date Relationship.....

This form is provided without cost or obligation by **Mark Shaw Funeral Services** to help you record your funeral wishes. This will assist your family or those involved with arranging your funeral. Should you wish to discuss your wishes in further detail, or discuss options with us, please make an appointment to visit us at one of our offices.

All costs associated with the above arrangements are to be met at the time of need.

Funeral Plan Number (if applicable).....