

# DARREN BALDWIN

## — FUNERALS —

### My Funeral Wishes

Name .....

Address .....

Postcode .....

Telephone Number .....

NOK .....

Address .....

Telephone Number .....

Please see below all your funeral wishes as discussed

Local attendance at the time of need.

Professional advice on certification and registration and all legal documents.

Burial ..... Grave Type .....

Cremation ..... Church Service .....

Provision of funeral transport including a hearse and ..... Limousine(s).

The cremated remains Retain or Scatter at the crematorium.

Embalming service and chapel of rest facilities Yes - No.

Coffin Selection .....

Music request for the crematorium or Church.

Entering .....

Reflection Time .....

Exit .....

Order of Service Yes - No

F D Signature .....

Date .....

Client Signature .....

Date .....

No monies will be taken at this point. Costs will be discussed/applicable at the time of need only.

**304 OLD DURHAM ROAD, GATESHEAD, TYNE & WEAR, NE8 4BQ**

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