



**Gentle Touch**  
FUNERAL SERVICES

DATE: \_\_\_\_\_

**Personal Wishes Regarding Funeral**

Name Mr / Mrs /Miss \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Doctor \_\_\_\_\_ Birth Place \_\_\_\_\_ Occupation \_\_\_\_\_

Cremation  Burial  Details of Plot (If already obtained) \_\_\_\_\_

New Plot \_\_\_\_\_

Graver Marker Wanted: Yes / No Inscription: \_\_\_\_\_

Personal Preference for Pallbearers: \_\_\_\_\_

Has Funeral already been Pre-paid/Insurance: \_\_\_\_\_ Wish to pre pay funeral Yes / No

Casket (if known) \_\_\_\_\_ Desired Inscription for Casket Plate: \_\_\_\_\_

Venue for service: \_\_\_\_\_

Who do you wish to officiate? \_\_\_\_\_

To be at venue before Guests: Yes / No To be Pallbeared in: Yes / No Carried out: Yes / No

Colour and preference for flowers: \_\_\_\_\_

Catering to be arranged: Yes / No Location: \_\_\_\_\_ Approx. Number \_\_\_\_\_

Favourite Music \_\_\_\_\_

Music/Hymns to be played at service: \_\_\_\_\_

Donations \_\_\_\_\_ Power Point/DVD Requested: Yes / No Services Sheets Yes / No

Jewellery: To Be Removed: Yes / No Items to be placed in casket: \_\_\_\_\_

Jewellery items to be returned to family: \_\_\_\_\_

Desired place for resting prior to service: Gentle Touch \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

Viewing: \_\_\_\_\_ Any restrictions for viewing: \_\_\_\_\_

Newspaper notices inserted by us \_\_\_\_\_ Notices in following Papers \_\_\_\_\_

Any Organizations to be notified: \_\_\_\_\_ Memorial Register: Yes or No

Next of Kin:  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile \_\_\_\_\_ E-Mail \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_