When you fill in this form, you could consult your partner or spouse, your close relatives or friends, or other appropriate people who will be responsible for making decisions about your funeral. You should share copies with them, and with the elders and/or funeral co-ordinators at your Quaker meeting.

Please continue using additional sheets where needed.

# Personal details

### Your name Your Quaker meeting

### Your address Your landline

 **Your mobile**

### Other contact information Your email address

# Key people or contacts in your life

### Who is named as executor in your Will?

### Address Phone number

 **Email address**

### Other contact information

### Please give details of any other executors named in your will

### Who is your solicitor?

### Address Phone number

 **Email address**

### Where is your Will kept?

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

### Address Phone number

 **Email address**

### Are you a registered organ donor? Yes No

 🞏 🞏

If you would like to register as an organ donor you can do so by visiting
*www.organdonation.nhs.uk/register-to-donate/*.

### How would you like your body to be disposed of?

Cremation 🞏

Burial 🞏

Green burial 🞏

Medical research 🞏 *If you choose medical research, please tick a second choice as well*

Other 🞏
*Please give details*

### Would you like a Quaker burial ordisposal of ashes? Yes No

 🞏 🞏

### Where would you want a meeting for worship to be held?

Quaker meeting house 🞏

Crematorium or cemetery chapel 🞏

Elsewhere 🞏

*Please give details*

### Should death notices be published? Yes No Don’t mind

In *the Friend* 🞏 🞏 🞏

Elsewhere 🞏 🞏 🞏

*Please give details*

### Who should be notified personally?*Please attach or write a list overleaf, with addresses, or say where this information can be found.*

### Would you like Yes No Don’t mind

Flowers? 🞏 🞏 🞏

Gifts to charity? 🞏 🞏 🞏

*Please give details*

**Would you want a memorial meeting to
be held later?** *If yes, where?* **Yes No Don’t mind**

🞏 🞏 🞏

### Your signature Date

# Extra space