

ANGEL GUARDIANS FUNERAL HOME

24 Apostolou Pavlou Avenue, Paphos, 8046, CYPRUS

Tel no: 00357 26222993 Contact: Maureen or Neofytos

MY WISH LIST REF NO:DATE:.....



ADVANCE FUNERAL WISHES

Funeral wishes, whether in a will or in a letter or form as below, are not legally binding on friends and relatives, but will normally be followed where at all possible. At the very least, what follows may stimulate you to think of the kind of funeral you might or might not like; and to make sure that those who may be responsible in the event know your wishes.

1. I have / have not written a will (location.....)
which expresses / does not express my funeral wishes. (If there is such
a will Court no:) please treat this present document as
expanding on the wishes expressed in that will, with the will taking legal
precedence if relevant.

2. My next of kin are : Abroad.....
.....
.....
(Family/Close friends)
CYPRUS.....
.....
.....

3. With this will / this present document is also added all potentially
needed information such as PASSPORT, Alien card, authorisation
collection form. Account details, credit cards, hire purchase
agreements, mortgage and home insurance details, electricity, water
and telephone offices, life insurance, car details, share certificate
details, premium bonds, pension details, details of Doctor, solicitor,
accountant, stock broker, employer etc. Plus any deeds to a grave.

4. I have/do not have any preferences about what happens to my body.
(If no preferences) I leave it all entirely to the discretion of:
.....
5. I would like to be dressed in which is at home in
..... up to family / do not wish to
be viewed.
6. I would like to go to Angel Guardians Funeral Home Chapel of Rest.
7. I have / do not have a pre-paid funeral plan/funeral insurance scheme
(If so, please give details and make sure your next of kin are aware of
the existence of this plan. Some of what follows may then not be
relevant in your case). Plan number:
8. The friend(s) or relative(s) I wish mainly to be responsible for arranging
my funeral is / are.....
.....
9. I would like to be repatriated and cremated or buried. However should
there be a crematorium in Cyprus that is my first wish.
10. I would ideally like.....
.....as the bearers of my coffin.
11. I would / would not like flowers brought to my funeral / one flower per
person / no flowers / donation instead to.....
.....
12. I would / would not like my death and funeral announced in the
following publications.....
.....

If to be buried:

13. I would / would not like a graveside funeral service.
14. I do / do not have a burial place reserved / in mind (details if so)
.....
I would like to be buried in a cemetery / honeycomb cemetery.

If to be cremated:

15. I would like my funeral service (if having one) to take place at a church / other venue (specify).....before being taken to the crematorium (if a “double” service in this way, state what if anything is to happen at the crematorium and who is to attend there) / I would like the funeral service to take place at the crematorium.
16. After cremation, what I would ideally like done with my ashes is

If having a funeral service:

17. Among those I would most like invited who might otherwise be neglected are :
.....
.....
18. Ideally I would like at my funeral service a small family affair / family and friends / all comers.
19. I would like the funeral service to take account of the fact that my religion /philosophy is :
.....
20. I would like the service led by:.....
(relative / friend / minister / British Humanist / other).
21. The kind of music, hymns, psalms, songs etc. I would like include.....
.....
.....
.....
22. The kind of texts / poems I would like include.....
.....
.....
.....
Read by.....
23. If possible I would like a main address about my life given by.....or by.....

24. At this service I would / would not like my friends to have a chance to speak about me.
25. I would / would not like a party / gathering after the funeral.
26. The form I would like this gathering to take is.....

 (indoors / outdoors / location / food / drinks / etc.)

Name:	Signed:	Date:
Address:		
Directions to home:		

Witnessed by the undersigned who does not stand to benefit from the signatory's will:

Name:	Signed:	
Address:	Date:	
Lodged with Angel Guardians:	Date:	

For individual home use keep in a safe place:

Passport no		Location	
Bank details		Accounts	
Bank details		Accounts	
Pension Co		Pension number	
Insurance Co		Insurance Policy no	
Lawyers		Executor	
Computer p/word			
Internet banking			
Policies			
Vehicle info		Joint/single	

Please continue on separate sheets if necessary.