



Wishlist Funeral

1. Personal information and after my death immediately notify

Name

Surname

Address

Telephone number

Date of birth (dd/mm/yy)

Husband or wife of

Widower or widow of

Living with or partner of

Religion

Medical information

Doctor

Address

Telephone number

I filled the donor registration form

Yes

No

Immediately after my passing, the following persons must be informed.

If you wish to inform more people and/ or institutions, you can click an attachment or note to the last page.

Person 1

Address

Telephone number

Person 2

Address

Telephone number

Person 3

Address

Telephone number

*This form is divided into several pages,
please put your signature on every page.*



Person 4

Address

Telephone number

2. Wish the following to be taken into account upon my departure from this life

I have a testament or will Yes No

Name notary

Address

Telephone number

There is a codicil / bequest made by me Yes No

This is located at

Name

Address

Telephone number

I have appointed an executor

Name

Address

Telephone number

I wish fulfilled custody of my minor children by

Name

Address

Telephone number

Preferred funeral director

Address

Telephone number

*This form is divided into several pages,
please put your signature on every page.*



I have a funeral insurance at BSure

Yes

No

Somewhere else

Yes

No

Where?

It is my express wish to be

Buried

Cremated

Cemetery

Location

General grave

Own family tomb

My wish regarding the
tombstone / monument

Crematorium

Location

I have wishes regarding my ashes

Wishes ashes fill here

3. Personal funeral wishes

(ads, mourning and thank you cards, laying out, goodbye)

I want a newspaper ad

Yes

No

Newspaper(s)

I want the text to include

I wish to be, buried / cremated in

Coffin

Winding sheet

I have specific wishes regarding
my coffin / shroud

Yes

No

My wishes are

*This form is divided into several pages,
please put your signature on every page.*



I wish that my body will lie in state/ transferred to

House of mourning

Funeral parlor

In nursing / nursing home where I was staying

The hospital or hospice

Clothing wishes

Jewellery / glasses

I wish that the coffin / shroud is closed

Immediately after my death

At the last minute

And I prefer that before the closing of the coffin / shroud my jewellery, glasses and other exterior accessories of my body are taken to be handed over to my loved ones.

Between the time of death and the funeral there is an opportunity to say goodbye

Yes

No

4. Personal funeral wishes (lying in state, transportation, ceremony, condolence)

In my lying in state and funeral I wish to have flowers

Yes

No

I love the following flowers:

Donations to charity instead of flowers?

Yes

No

The charity organization(s) to be mentioned:

I wish that the funeral takes place from

My home

House of mourning

The place where my body is laid out

*This form is divided into several pages,
please put your signature on every page.*



I would like transportation

A hearse and following cars

Otherwise,

Namely

Are there particular people you'd like to be invited to carry your coffin (pallbearers)?

Names

I wish my funeral to take place

Quietly and privately

In the church and with pastor/priest

Vicar /Pastor /Priest

In the auditorium of the funeral home, the cemetery or crematorium

I have wishes for the music at my funeral Yes No

Live with instrument

Played by

Sung live, preferably by

Per CD or MP3

I wish that these songs be played

At my funeral I would like to be spoken Yes No

Preferably by

Not by

*This form is divided into several pages,
please put your signature on every page.*



I have special requirements for the location of condolence

Yes

No

In the coffee room of the funeral home, the cemetery or crematorium

Elsewhere,

Namely

I have special wishes for catering during the condolence

Yes

No

Like

Any other request/ wishes?

This form is divided into several pages, please put your signature on every page.