

Golden Leaves Funeral Plans Application Form



The details requested in this form may be required when a death occurs. The more you complete the more you will be helping your executors.

Section A Plan Holders Details

Plan Holder Date / /

Address

Post Code Tel.

Date of Birth Place

Spouse/Partner Maiden

If you are applying for a plan for a third party please complete your details below:

Plan Applicant

Address

Post Code Tel.

Do you wish them to be notified of the funeral plan and the arrangements you have made? YES/NO

Section B Important Contact Information

My executors are Tel.

Address

My solicitors are Tel.

Address

Relative / friend Tel.

Address

Relative / friend Tel.

Address

The following private details can be completed when this form is returned to you for the benefit of your executors or next of kin. It is not necessary for the application to be completed

My bank is Tel.

Address

My building society is Tel.

Address

Insurance Policies Pol. No

i.e. Life Policies Pol.No

Pension office Dss No

Address



Golden Leaves Funeral Plans
299-305 Whitehorse Road, Croydon CR0 2HR
From Overseas: +44 20 8684 3464 Fax: 020 8684 0355
Email: info@goldenleaves.co.uk



For advice call 0800 85 44 48

www.goldenleaves.co.uk

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Please complete all the following sections in BLOCK CAPITALS and return this form to your Golden Leaves Agent

Section C

Funeral Details

	Cremation	Burial	Please tick
Funeral Directors Services	Diamond / Emerald / Pearl / Opal / Golden / Bespoke (please delete)		£
Extra Services	1		£
	2		£
	3		£
	4		£
Disbursements <i>For example: costs of religious service, interment of ashes, local or regional difference in cemetery or crematorium fees.</i>			£
			£
			£
			£
	Total		£
My funeral directors are	Tel.		
Address			
Service to be held at	Religion		
Minister to officiate	Tel.		
Hymns/readings at service	1		
	2		
	3		
	4		
Cremation / Burial at	Tel.		
Grave No.	Plot		
Name of last person interred	Burial date		
Name of the owner of the grave			
Directions about memorial			
Directions about cremated remains			
Further Notes			

Please sign below if you have checked all the details on the form and believe they are a true description of the funeral arrangements you require. By signing this form you are confirming that you have read and understood the Terms & Conditions of Golden Leaves Plans.

Signed _____ Date _____

Data Protection Act

- Golden Leaves collects personal details from customers to help improve services and enable us to highlight information. We never sell these to other organisations marketing purposes. If you would prefer not to receive details about goods and services we offer, please tick the box.
- We may wish to contact you about such products and services by email or other electronic means; if you wish us to contact you by this method please opt in by ticking this box.