

# Golden Leaves Funeral Plans - Portugal Application Form



## Section One

## Plan Holders Details

|                         |                      |                   |                      |                      |                      |
|-------------------------|----------------------|-------------------|----------------------|----------------------|----------------------|
| Plan Holder             | <input type="text"/> | Date              | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address                 | <input type="text"/> |                   |                      |                      |                      |
|                         | <input type="text"/> |                   |                      |                      |                      |
|                         | <input type="text"/> |                   |                      |                      |                      |
| Date of Birth           | <input type="text"/> | Tel.              | <input type="text"/> |                      |                      |
| Spouse Name             | <input type="text"/> | Place             | <input type="text"/> |                      |                      |
| Date of Marriage        | <input type="text"/> | Maiden            | <input type="text"/> |                      |                      |
| Fathers name            | <input type="text"/> | Place of Marriage | <input type="text"/> |                      |                      |
| If Widow, date of death | <input type="text"/> | Mothers Name      | <input type="text"/> |                      |                      |
| If Divorced - Date      | <input type="text"/> | Place of death    | <input type="text"/> |                      |                      |
|                         | <input type="text"/> | Your fiscal no.   | <input type="text"/> |                      |                      |

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

|                |                           |
|----------------|---------------------------|
| Plan Applicant | <input type="text"/>      |
| Address        | <input type="text"/>      |
|                | <input type="text"/>      |
|                | <input type="text"/>      |
|                | Tel. <input type="text"/> |

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

## Section Two

## Important Contact Information

|                   |                      |      |                      |
|-------------------|----------------------|------|----------------------|
| My executors are  | <input type="text"/> | Tel. | <input type="text"/> |
| Address           | <input type="text"/> |      |                      |
| My solicitors are | <input type="text"/> | Tel. | <input type="text"/> |
| Address           | <input type="text"/> |      |                      |
| Doctor's Name     | <input type="text"/> | Tel. | <input type="text"/> |
| Address           | <input type="text"/> |      |                      |
| Relative / friend | <input type="text"/> | Tel. | <input type="text"/> |
| Address           | <input type="text"/> |      |                      |
| Relative / friend | <input type="text"/> | Tel. | <input type="text"/> |
| Address           | <input type="text"/> |      |                      |

## Section Three

## Funeral Details

|                                 |                      |                                |                             |
|---------------------------------|----------------------|--------------------------------|-----------------------------|
| Plan Type                       | <input type="text"/> | £                              | <input type="text"/>        |
| Additional Options              | <input type="text"/> | £                              | <input type="text"/>        |
|                                 |                      | <b>Total</b>                   | £ <input type="text"/>      |
| Funeral Directors               | <input type="text"/> | Rowland Brothers International | Tel. No <b>289 56 11 87</b> |
| Address                         | <input type="text"/> |                                |                             |
| Service at local chapel of rest | <input type="text"/> | Religion                       | <input type="text"/>        |
| Crematorium/Cemetery            | <input type="text"/> |                                |                             |
| Directions for cremated remains | <input type="text"/> |                                |                             |
| Further Notes                   | <input type="text"/> |                                |                             |
|                                 | <input type="text"/> |                                |                             |
|                                 | <input type="text"/> |                                |                             |

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

|         |                      |       |                      |
|---------|----------------------|-------|----------------------|
| Signed: | <input type="text"/> | Date: | <input type="text"/> |
|---------|----------------------|-------|----------------------|

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## Instructions For Next of Kin or Executors When Death Occurs

1. When death occurs please contact us on our emergency service **289 561 187** or **+ 44 20 8684 2324** in the UK. Both numbers operate 24hrs every day of the year. You will be in touch with a professional who knows the exactly what to do. They will arrange and advise on any immediate steps to be taken.
2. Most of the information you and we require is contained in this information bureau. Should there be any further information required we will advise at the time.
3. Extra copies of the death certificate should be obtained for Probate, Social Security benefits, Banks and Insurance at the time of the registration.
4. Golden Leaves Ltd will require a copy death certificate to access the money from the trust fund to pay for the funeral.



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

For advice call **289 561 187** or **+ 44 20 8684 2324** in the UK