



# Funeral Plan Application

## Pure Reflections

End of life Celebration & Resomation

### My Details

Title	First Name	Surname

### Email Address

### Contact Number

### Address

House Name  
Street Name  
Town  
County  
Eircode

### Date of Birth

### My Representative/ Next of Kin

Title	First Name	Surname

### Email Address

### Contact Number

### Address

House Name  
Street Name  
Town  
County  
Eircode

### Relationship to me

### Our Services to you

Collection from place of death within the Republic or Northern Ireland  
Necessary paperwork taken care of  
An unattended Direct Resomation  
A Standard Urn  
Hand delivery of your ashes to your loved ones

### Additional Options

Last Offices		
Wool Shroud - Cost	Explain	Tick Box
Wool Coffin - Cost	Explain	Tick Box

<b>Urn Selections</b>		
<b>Premium Package - Cost</b>	Explain	Tick Box
<b>Scatter/ Burial Package - Cost</b>	Explain	Tick Box
<b>Biodegradable Package - Cost</b>	Explain	Tick Box

<b>Final Journey Wishes</b>		
Please do let us know if you have any wishes for your Final Journey. Maybe a song you would like played or		

**Payment Plan**

<b>I wish to pay for my plan in a single payment by:</b>		
Cheque	Card	Bank Transfer

<b>I would like to pay for my plan over one of the following:</b>		
6 months	1 year	2 years

**Agreement & Signature**

By signing this agreement, I confirm that:  
 I wish to purchase the Funeral Plan Detailed above  
 I understand that this Application Form and the Terms & Conditions attached will comprise the agreement for my

<b>Signature</b>	
<b>Date</b>	

**\*\*\*Direct Debit Mandate & Bank Details for Bank Transfer**