

The Alan Greenwood & Sons Ltd Funeral Agreement

Preparing for the future

Presented By:
Alan Greenwood & Sons Ltd
BRANCH NAME

PLEASE COMPLETE THIS FORM CLEARLY IN BLOCK CAPITALS AND ENSURE ALL RELEVANT SECTIONS ARE COMPLETED

Agreement Holder

Date of Birth:	<input type="text"/>	First Name(s):	<input type="text"/>
Mr/Mrs/Ms/Other:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Telephone No(s):	<input type="text"/>		
Email:	<input type="text"/>		

Agreement Holder's Next of Kin / Executor

If you are also the Representative on the agreement then please tick this box (only tick this box if you are taking out the agreement for someone else.

Mr/Mrs/Ms/Other:	<input type="text"/>	First Name(s):	<input type="text"/>
Relationship:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone No(s):	<input type="text"/>
Date of Birth:	<input type="text"/>	Email:	<input type="text"/>

Agreement Holder's Representative

Only complete this section if you are taking out the agreement for someone else. We will ensure all future correspondence is sent to you.

The funeral director should not be named as the Representative unless specifically requested by the Agreement Holder.

Please tick this box to confirm you have the Agreement Holder's permission to pass their personal information to us and take out a plan on their behalf.

Mr/Mrs/Ms/Other:	<input type="text"/>	First Name(s):	<input type="text"/>
Relationship:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Postcode:	<input type="text"/>	Telephone No(s):	<input type="text"/>
Date of Birth:	<input type="text"/>	Email:	<input type="text"/>

FOR OFFICE USE ONLY

Agreement Number: Date:

Our Costs

- | | | | | | |
|--------------------------------|--------------------------|--------------------------------|--------------------------------|---|-------------------------------|
| 1 Professional Services | <input type="checkbox"/> | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 2 Care of the deceased | <input type="checkbox"/> | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 3 Hearse bearers and conductor | <input type="checkbox"/> | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 4 Coffin | <input type="checkbox"/> | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 5 Vehicle charges | | | | | |
| No. of cars | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value="£"/> | : | <input type="text" value=""/> |

Subtotal value of items 1-5 ticked as included :

Other (please give details):

- | | | | | |
|----------|--------------------------------|-------------------------------|---|-------------------------------|
| 7 _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 8 _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 9 _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 10 _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 11 _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 12 _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 13 _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 14 _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 15 _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |

TOTAL OUR COSTS (A) :

Third Party Costs

All sums should be entered VAT inclusive, where appropriate.

It is the responsibility of the agreement holder to secure a grave and purchase.

Name of Cemetery:

Grave Number:

- | | | | | |
|--------------------------------|--------------------------------|-------------------------------|---|-------------------------------|
| 1 Crematorium fee | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 2 Cemetery interment fee | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 2 Doctor's fee (if applicable) | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 3 Clergy fee | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 4 Fees for place of worship | | | | |
| a) Organist | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| b) Verger/Church Officer | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| c) Other (please specify): | | | | |
| _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 5 Floral tributes | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| 6 Other (please give details): | | | | |
| _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| _____ | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |

TOTAL THIRD PARTY COSTS (B) (CONTRIBUTION) :

Agreement Price

- | | | | | |
|---|--------------------------------|----------------------------------|---|---------------------------------|
| Total Our Costs (A) | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| Administration Fee | <input type="text" value="£"/> | <input type="text" value="100"/> | : | <input type="text" value="00"/> |
| Total Third Party Costs (B) | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |
| Total Amount Payable for Payment in Full (A + B) | <input type="text" value="£"/> | <input type="text" value=""/> | : | <input type="text" value=""/> |

Funeral Details

Funeral type (please tick box): Burial Cremation (see burial/cremation information in brochure)
 Service at crematorium or cemetery chapel Service or ceremony before crematorium/cemetery

Place of worship:

Crematorium:

Disposal of ashes:

Coffin type:

Urn type:

Grave Details

The purchase of the plot is not included within this plan. If you wish to purchase a plot this will be done separately.

Name of cemetery:

Certificate no: Class:

Grave Section:

Memorial on grave? Yes No If yes - what type of memorial?

Additional Information

Please provide any additional information, e.g. choice of music, readings, special instructions, etc.

Client Declaration

Third party costs will rise each year, therefore the Funeral Agreement cannot guarantee any third party costs and a balance is likely to be expected. By signing the agreement you are assenting to this. Grave purchases are the responsibility of the agreement purchaser.
The funeral agreement is not a funeral plan and all monies will be held in the Alan Greenwood & Sons Ltd client account, and can be redeemed at any time by the signed agreement holder. Upon death the Funeral Agreement can only be redeemed on production of a certified copy of a death certificate, photocopies are not valid. The administration fee is non-refundable after 28 days.
(Please tick box to confirm you have read and agree to this statement).

In this agreement form you may supply us with information that is classed under data protection laws as sensitive, such as race, religion, medical conditions or information relating to a child. This information may be processed to provide you with the services you need.

I accept the current The Alan Greenwood & Sons Ltd Funeral Agreement.

Signature of Funeral Agreement Holder or their Representative: Date:

Print Name:

Funeral Director Declaration

Funeral Director's Signature: Print Name: Date:

Arranged by: (if different from above) Print Name: ID:

Payment in Full

I enclose a cheque for the full amount to the value of

£

OR I wish to pay by debit/credit

£

(Please make all cheques payable to 'Alan Greenwood and Sons Clients Account')

Payment by Debit / Credit Card

Payment in full:

Pay by debit card:

Maestro

VISA Visa Debit

VISA Visa Electron

Please insert the amount you are paying by debit or credit card here:

£

Pay by credit card:

VISA Visa

Mastercard

Name on card:

Card number:

Valid from:

Expires:

1 or 2 digit issue number (if applicable):

3 digit security code (on reverse of card):

Signature:

Date:

Electronic/BACS Payments

If you would prefer to make payments direct from your bank account, our bank details are:

Account Name: Alan Greenwood and Sons Clients Account

Sort-Code: 60-24-20

Account Number: 89629906

