THE BOURNE PARISH FUNERAL FORM

Please answer the fo	llowing questions.	
Full Name of Deceas	ed:	
Date of Death:		
Age of Deceased:		
Address of Deceased	i:	
Next of Kin:		
Relationship to Decea	ased:	
Address, Phone Num the funeral):	nber and Email of N	Next of Kin (if different from person booking
Funeral Director:	Farnham Funera H C Patricks Thorne-Leggett	l Care
"Other" Funeral Direc	ctors with name, add	dress, phone number and email address:
Funeral/Cremation/B	urial of Ashes taking	g place at: St. Thomas-on-The Bourne Church St. Martin by the Green Aldershot Crematorium Guildford Crematorium

Time of Funeral/Cremation/Burial of Ashes:

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Date of Cremation (for BoA)	:		
Clergy:			
Verger/Sexton:			
Organist Required:	Yes / No		
Organist:			
Musical Director needed:	Yes / No		
Choir needed:	Yes / No		
Music arrangements:			
Est. size of congregation:			
Disabilities e.g. wheelchair access:			
Reserved seating required:			
Parking requirements:			
Collections (Church/Charity	50/50):		
Flowers:			
Rooms required a reception	:		
Thank you for completing the	e form. We will be in touch with you shortly .		