

(Please include all known information - however small and however obtained)



If a Resident dies without any funeral plans or next of kin to undertake the arrangements, please call Environmental Health at the Council as soon as possible on 0333 016 2000.

NB.The Council will not pay invoices from funeral directors who are not their current contracted Funeral Director.								
About the Resident								
1	Name of Resident:			Male	Female	(Please tick)		
2	Does the Resident h	ave another address?			1			
	(Is this owned of rent	ted, and where are the keys?)						
3	Date of Birth:		4	Location of	Birth:			
5	Has the resident eve	r been married?						
	(Incude if currently married/ widowed/ divorced etc							
	and name of Spouse).							
6	Is the resident religion	pus?						
	(If so, what religion?,)						
Abo	About the Resident's next of Kin							
7	Who is the Resident	s Next of Kin?						
	(Include relationship to Resident, name, address and							
	telephone number)							
8	Does the Resident have any children?							
	(If so, include full details)							
9	Does the Resident have any surviving other family							
	members including ex-partners, adopted children							
	(whether adpted in or out or step-children), not							
	listed above?							
_	(If so, include full details)							
-	Funeral Wishes							
10	Does the Resident h	ave a will?						
	(If so, where is it held	l and who is named as executor?)						
11	Does the Resident h	ave a prepaid funeral plan?						
	(If so, which funeral o	director is it held with?)						
12	Does the Resident w	ish to be buried or cremated?						
13	Has the Resident res	erved a burial plot?						
	(If so, where is the p	lot reservation information kept						
	and have any payme	nts been made in respect of it?)						