

ORDER FORM

DECEASED PERSON

Surname: ..... First name: .....  
Date of birth: ..... Place of birth: .....  
Death date: ..... Place of death: .....  
Civil status: ..... Of: .....  
Address: .....  
Postal code: ..... City: .....  
National number: .....  
Spouse, widow/widower, single, divorced  
Street, avenue, boulevard, ...  
Hospital, home elderly, home, ...  
00.00.00.-000.00

DETAILS ABOUT THE FUNERAL AND CEREMONY

Type of funerals  Burial Cemetery: .....  
 Cremation  
 scattering at the cemetery  
 transfer to: .....  
District

Ceremony required  No  
 Civil  
 Religious  
- Church: .....  
- Pallbearers:  Yes (you bring 4 pallbearers at the church)  
 No (we bring 4 pallbearers at the church)  
District

CONTACT PERSON

Title:  Mr.  Mrs. Relationship: .....  
Surname: ..... First name: .....  
Address: .....  
Postal code: ..... City: .....  
E-mail address: ..... Telephone: .....  
Spouse, son/daughter, brother/sister, nephew/niece, friend, ...  
Street, avenue, boulevard, ...

I certify that the data in this form is true and I commissioned B-Funerals company for the organization of the funeral.

Signing for agreement

Date: .....

- In the event of natural death, we will undertake to proceed with the funeral as soon as possible.
- Upon reception of this order, we will contact you by phone as soon as possible to confirm the date and time of the funeral.
- We undertake to pay on your behalf any taxes arising from the municipalities and/or crematorium.