



DIRECT CREMATION SERVICES

AFFORDABLE, DIGNIFIED & LOCAL

Pre-Registration and End-of-Life Wishes Form

Freedom to go your own way

Thank you for your enquiry and your interest in our services for a direct cremation. We understand the importance of preparing for the future, and we're here to assist you every step of the way. Your decision to pre-register and outline your end-of-life wishes is a thoughtful and responsible choice. This form serves as a vital tool in ensuring that your preferences are respected and your loved ones are supported during a challenging time.

Instructions for Use:

- 1. Printing the Form:** For your convenience, we recommend printing a physical copy of this form so that it can be completed, signed, and returned to us.
- 2. Complete this Form:** Carefully fill out all the necessary information on the following pages. Take your time to reflect on your wishes and provide as much detail as possible. This will help ease the burden on your chosen representative and ensure your wishes are honoured.
- 3. Keep a Copy:** Once you've completed this form, it is essential to keep a copy with your other important documents, including your will, medical directives, and any other relevant paperwork. Make sure your chosen representative knows where to find it.

Returning Your Form:

After completing this form, please return the original signed copy to us. You have two options for submission:

- **By Email:** Send the scanned, signed copy to info@directcremation.im
- **By Mail:** Mail the original signed copy to Rose Villa, Crosby, IM4 2DB

Should you have any questions, require assistance, or wish to discuss your choices in more detail, please don't hesitate to contact us. We are here to support you in your end-of-life planning journey.

Yours faithfully,

Direct Cremation Services Ltd.
Tel: +44 7624 478422
Email: info@directcremation.im
Web: www.directcremation.im



Proud member of
**Isle of Man
Chamber of Commerce**
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Name: _____

Date of Birth: _____

Contact Information:

Address: _____

Email: _____

Phone Number: _____

Emergency Contact: _____

Relationship to Emergency Contact: _____

I. Direct Cremation Pre-Registration

1. Pre-Registration:

- I wish to pre-register for direct cremation.

2. Opt-Out Clause:

- I understand that I have the right to opt out of this pre-registration at any time by sending written notice to Direct Cremation Services Ltd at the following email address: info@directcremation.im. I also understand that no fee or obligation is associated with this pre-registration, and I am free to make changes or cancel it in writing.

3. Payment Disclaimer:

- I acknowledge that pre-registration does not entail any immediate payment or obligation. Payment for direct cremation services will be required at the time of need, and I or my personal representative will receive detailed information regarding associated costs and payment options at that time.

4. No Guarantee of Service:

- Pre-registration does not guarantee the availability of direct cremation. Availability and acceptance of services will be subject to Direct Cremation Service's terms and conditions at the time of need.

II. End-of-Life Wishes

1. End-of-Life Wishes:

- Please provide any specific end-of-life wishes you'd like us to record, such as preferences for a celebration of life, memorial services, interment / strewing of ashes, or personal messages.

(Please continue on a separate page if necessary)

III. Data Privacy and Consent

5. Data Privacy and Consent:

- I consent to Direct Cremation Services collecting, processing, and storing my personal information provided in this pre-registration form for the purpose of pre-registration and future service arrangements.
- I understand that Direct Cremation Services will handle my data in accordance with applicable data protection laws, including the GDPR, and that my data will be kept confidential and secure.
- I have read and understood Direct Cremation Service's Privacy Policy, which outlines how my data will be used and protected, and I agree to its terms.
- I have the right to request access to, rectification, or erasure of my personal data by contacting Direct Cremation Services in writing.

IV. Signature

- By signing below, I confirm that the information provided is accurate, and I have read and understood the terms and conditions of pre-registration in this document, including the right to opt out at any time, the absence of any immediate payment or obligation, guarantee and the collection and use of my data in accordance with data protection laws.

[Signature]: _____ [Date]: _____