

## Armstrongs “Forms To Sign” Pack

You will find several things in this pack to fill and sign.

These forms can be filled in and digitally signed on-line (our preferred method) or can be printed and filled in then dropped into our office

1. A form for GDPR. We need your permission to use your information internally and also to pass on to 3<sup>rd</sup> parties i.e., Ministers / Celebrants, the Cemetery or Crematorium etc. We will **NEVER** give out your information to anyone else. Please be reassured that your privacy is paramount to us.
2. Our terms and conditions. We don't like small print so we've made it big!
3. Our tribute page. This is mainly used for collecting on-line donations. It benefits charities massively as donations can be easily gift aided. It also gives details of the service and can be used by families to share photos & memories. See some examples here <https://www.funeralhelp.co.uk/our-tribute-donation-page/>
4. We can take a digital fingerprint that can be used for keepsakes in the future. This is completely free to do and uses a small digital scanner. For more information, please see <https://www.funeralhelp.co.uk/3d-flip-book/legacy-expressions/>
5. This is a form regarding any personal belongings that may come from a hospital with your loved one.

If you have any questions or concerns about anything in this pack then please ask.

### Privacy Consent Form

We will collect personal information about you, your loved one and any other persons whom you supply details for. To allow us to fulfil the services agreed we will pass your details to appropriate third parties such as florists, clergy/ministers/officiates, cemetery staff etc.

We treat all information confidentially and in line with UK Data Protection laws. We will never sell or share information collected to third parties for marketing purposes.

If you would like further information on how we handle your personal information, please request a copy of our Privacy Policy or refer to [www.funeralhelp.co.uk](http://www.funeralhelp.co.uk).

Full Name:	
Email:	
Address:	
Tel No. (inc area code):	
Full Name Of Deceased	

We will treat your personal information with care and confidentiality in line with Data Protection laws. We shall not share your information with 3<sup>rd</sup> party organisations without your permission, For further information Please refer to our Privacy Policy.

We would like to provide you with updated information on our services in the future to ensure you always have the best information we can provide.

Please tick here to indicate what you would like to hear from us about:

- Pre paid funeral planning
- Open days & memorial services
- Bereavement service
- Funeral related correspondence

Please let us know how you would like to receive information from us by ticking The appropriate sections:

- Phone
  Post
  Email
  All

Signature.....

Name.....Date.....

## Terms & Conditions

*Final payment of our invoice is due within 14 days of receipt of invoice.*

*Please advise us if a bank or solicitor is acting on your behalf.*

*We respectfully ask that disbursements must be paid before the date of the funeral. Should payment not be made in advance, we will contact 7 working days prior to the funeral date for payment. Please note that failure to pay disbursements in advance may result in the funeral being postponed.*

*There are further detail and explanation of the costs incurred overleaf of the estimate form. Please ensure that these have been read and understood.*

*At our discretion late/non-payment on the agreed terms, or abuse of this will result in your account being sent to our collections agent and cancellation of your account with us, except for emergencies and duty of care cases. You will become liable for any and all costs incurred once your debt has been sent to the collection agent.*

*We hereby acknowledge receipt of one copy of the estimate and confirm that it is in accordance with our instructions.*

*We accept responsibility for payment of the funeral account in the amount shown above together with any additional costs incurred as a result of any amendment to our initial instructions.*

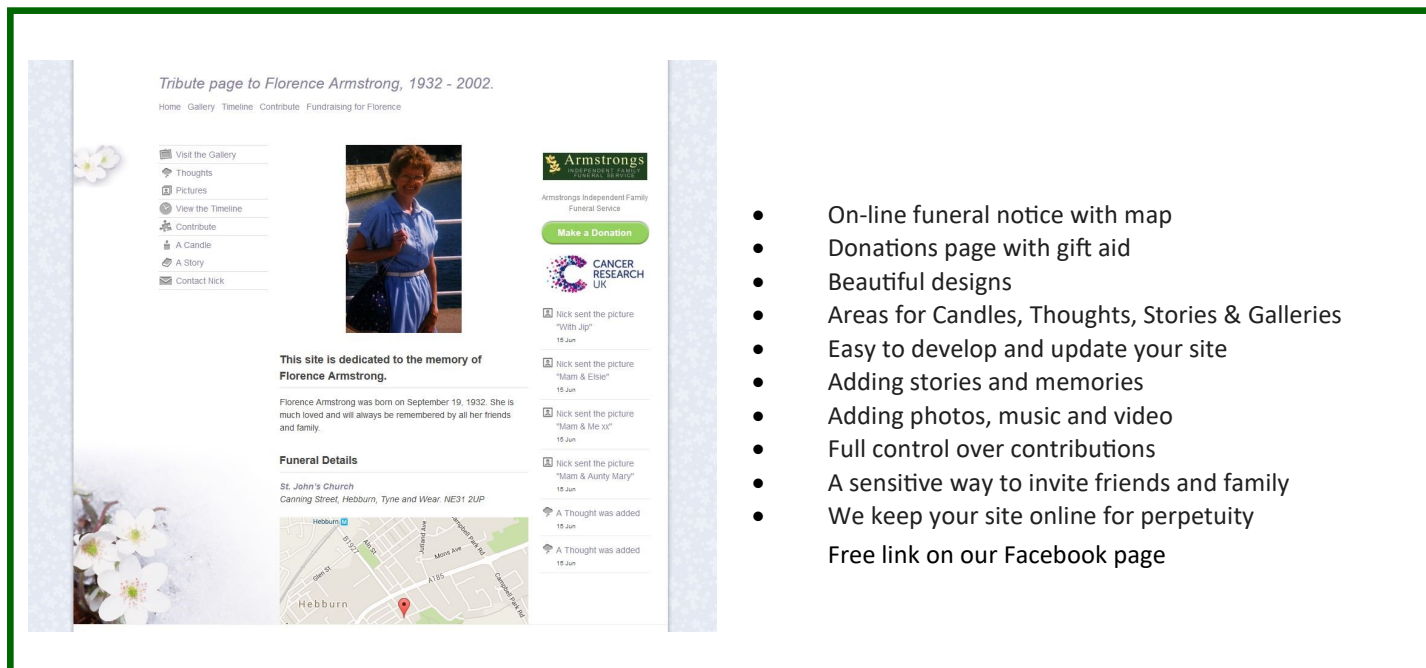
1<sup>st</sup> signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

2<sup>nd</sup> signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

As part of our service Armstrongs set up a tribute page for every family.  
 The page is free and has a wealth of features, including:-



- On-line funeral notice with map
- Donations page with gift aid
- Beautiful designs
- Areas for Candles, Thoughts, Stories & Galleries
- Easy to develop and update your site
- Adding stories and memories
- Adding photos, music and video
- Full control over contributions
- A sensitive way to invite friends and family
- We keep your site online for perpetuity
- Free link on our Facebook page

To help us set this page up and make it personal  
 we just need a few bits of extra information from you.

Full name of deceased.....

Known as / Nickname.....

Date & Place of birth.....

Will the funeral be a private affair

Chosen Charity

.....

Describe their personality (in a couple of words).....

Email address for guardian.....

## ACKNOWLEDGEMENT AND RELEASE FOR THE CAPTURE OF FINGERPRINTS

FOR THE LATE: \_\_\_\_\_

Here at Armstrongs we work closely with Life Expressions Ltd to be able to provide you with lasting keepsakes and memorabilia of your loved one.

We would like to capture a digital fingerprint(s) for the purpose of creating these pieces now, or in the future for you to cherish.

YES

By ticking YES, you are agreeing for the print(s) to be captured by us as your Funeral Director, and for Life Expressions Ltd to use the print(s) on any future orders you may wish to place.

NO

Should you wish for this NOT to happen, simply tick NO, but please bear in mind if you choose this option, keepsakes **can't** be created in the future should you change your mind.

We will never share your personal information or that of your loved one with Life Expressions Ltd  
Fingerprints are identified by a unique reference number only.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

**PERSONAL BELONGINGS**

If your loved one comes into our care with belongings from the hospital, please be aware that we can only keep these for a period of 7 days after the funeral has taken place.

We will inform you if any belongings are with us and if you would like them back then please make an appointment to pick them up from us within that time.

Unfortunately, we cannot hold personal belongings any beyond that time.

With that in mind could you please sign below to confirm that you have understood this.

**I hereby authorise Armstrongs to dispose of any un-collected belongings after a period of 7 (seven) days after the funeral.**

Personal belongings of.....

Signed.....

Date.....