

# Dying to Tell You

A record of personal details and end of life planner

by Kathryn Perks

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# PERSONAL PRIORITISED INFORMATION

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SURNAME: \_\_\_\_\_ Given names: \_\_\_\_\_

Previous surnames / previously known as: \_\_\_\_\_

Address: \_\_\_\_\_ Country: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

I am a Justice of the Peace: Yes  No

Nationality: (where legally a citizen) \_\_\_\_\_

If not born in the country where you currently reside, when did you arrive? \_\_\_\_\_

Marital status: Married  De facto  Divorced  Widowed  Single

Where married (city/country): \_\_\_\_\_ Date married: \_\_\_\_\_

Full name of spouse/partner (at birth): \_\_\_\_\_

Phone (spouse): \_\_\_\_\_ Date of birth (spouse): \_\_\_\_\_

Mother's full maiden name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

**FUNERAL** (see also page 13): I have a Funeral Fund or Prepaid Funeral Plan: Yes  No

**DISPOSAL OF BODY:** I wish to be cremated  **Or:** I wish to be buried:

**LAWYER'S NAME:** \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**EXECUTOR** I have appointed an Executor (also refer to page 17): No  Yes

Please contact the following person/s for Executor's details (e.g. lawyer): \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**WILL:** I do not have a Will  I have a Will  a copy of which is held with:

Name (e.g. of lawyer): \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Or:** I have prepared a Will myself (e.g. publication purchased from newsagent)  and it is located:

**MY WILL WAS LAST UPDATED ON:** \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

**DOCTOR:**

Doctor's Name: \_\_\_\_\_ Medical Practice: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**LIVING WILL and/or ADVANCE CARE PLAN (ACP)**

*(A Living Will or Advance Care Plan outlines your instructions as to what you wish to happen in the event of you being unable to make or communicate decisions regarding your health care, e.g. If you become incapacitated through accident or illness):*

I do **NOT** have a Living Will  I do **NOT** have an Advance Care Plan

I have a Living Will  I have an Advance Life Care Plan

My doctor has been made aware of my ACP  My ACP is attached to my hospital medical file

**Contact details of who holds this documentation (e.g. your lawyer, doctor etc):**

Name / Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_

**POWERS OF ATTORNEY:** *The appointment of someone to make decisions or act on your behalf.*

*(Note: Power of Attorney nominations cease to be effective upon death, however in the event of, for example, your mental incapacitation, it may be helpful to record the following information. Any such appointments should be made via your lawyer).*

I have nominated an Enduring Power of Attorney for my personal care and welfare

I have nominated an Enduring Power of Attorney for my property

**Contact details of who holds this documentation, e.g. your lawyer:**

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

Phone: \_\_\_\_\_

**TRUSTS:**

I have set up a Trust: Type: Charitable  Personal  Family

**Contact details of who is responsible for administering the Trust:**

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

Company: \_\_\_\_\_

**LOCATION OF PERSONAL DOCUMENTS:**

My personal documents (e.g. relating to bank/financial, property, policies, personal identification, tax returns, copy of Will, etc) as detailed in this booklet are located:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FUNERAL

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I have a Funeral Fund or Prepaid Funeral Plan:

Yes  No

If 'Yes', my Funeral Plan / Fund is currently held with: Funeral Company

Other

Name of organisation / Contact person: \_\_\_\_\_

Location/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **DISPOSAL OF BODY** - The following are my wishes for the disposal of my body:

I have specific cultural beliefs (*refer page 17*)

I have discussed my wishes with the following person/s who has/have agreed to make decisions regarding my funeral and the disposal of my body. (*Be mindful that legally your appointed Executor will decide*):

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

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

**EMBALMING:** I do NOT wish to be embalmed  but prefer that my body be disposed of as per my following preference, as soon as practicable, followed by a memorial service (*body not present*).

**BURIAL:** I wish to be buried  at the following cemetery / burial ground / next to relatives etc:

\_\_\_\_\_  
\_\_\_\_\_

I have purchased a burial plot, located at: \_\_\_\_\_

I have no burial site preference

I would like the following epitaph at my burial site: \_\_\_\_\_

\_\_\_\_\_

**CREMATION:** I wish to be cremated  and my ashes stored at (*e.g. name and address of crematorium*):

\_\_\_\_\_  
\_\_\_\_\_

I prefer my ashes to be scattered as follows. (*Please consider impact on environment and/or cultural values and practices, as outlined on page 17*):

\_\_\_\_\_  
\_\_\_\_\_