

Dying to Tell You

A record of personal details and end of life planner

by Kathryn Perks

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Published by When I Die

Visit us at: whenidie.co.nz

Dying to Tell You is available from all major online bookstores.

Trade enquiries to Ingram (ISBN 978-0-473-49003-4)

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PERSONAL PRIORITISED INFORMATION

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

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*):
