My Death and funeral plan

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| **The first group of headings concerns your wishes for the care of your body, including burial details.** |
| Preferences for care after death. This includes site of care, family/friends’ involvement, dress preferences: |  |
| Death notices, for example which social media sites, newspapers: |  |
| Prior arrangements, for example details of a prepaid policy, burial site at a particular cemetery: |  |
| Funeral Director’s contact details: |  |
| Funeral or Memorial Ceremony? |  |
| Place:  |  |
| Who will lead the ceremony?  |  |
| Contact details:  |  |
| Who else will be involved, and in what capacity? |  |
| Readings: |  |
| Music: |  |
| Flowers? |  |
| Charity donation details: |  |
| Burial or cremation location details: |  |
| Ashes to be scattered: |  |
| Memorial stone or plaque |  |
| Any other requests? |  |
| **The next set of headings is about making life easier for your family. Your own personal details come first.** |
| Full Name: |  |
| Maiden name, or other previous names (if applicable): |  |
| Usual address: |  |
| Marital status: |  |
| Date of birth: |  |
| Place of birth: |  |
| Date of arrival in Australia (if applicable): |  |
| Occupation, (ABN if applicable): |  |
| E-mail addresses: |  |
| Phone number(s): |  |
| Religion: |  |
| Place of marriage (1): |  |
| Age when married: |  |
| Spouse/partner: |  |
| Wife’s maiden name: |  |
| Place of marriage (2): |  |
| Age when married: |  |
| Spouse/partner: |  |
| Wife’s maiden name: |  |
| Father’s name: |  |
| Occupation: |  |
| Mother’s name: |  |
| Mother’s maiden name: |  |
| Occupation: |  |
| **Now for information about important people in your life. Complete names and contact details as appropriate.** |
| Next of Kin: |  |
| Relationship to you: |  |
| Children (full names and dates of birth) |  |
| Other family members: (eg. siblings, grandchildren, great grandchildren) |  |
| Friends: |  |
| Medical Treatment Decision Maker(s)1.2. |  |
| Support person (if appointed)  |  |
| Powers of attorney: Enduring power(s) of attorney |  |
| Supportive attorney (if appointed): |  |
| General non-enduring power of attorney (if appointed): |  |
| Executor(s) of the will: |  |
| **Other important people:** |  |
| Employer |  |
| General Practitioner: |  |
| Specialist(s): |  |
| Dentist: |  |
| Solicitor: |  |
| Accountant: |  |
| Clergy: |  |
| Representatives of Community organisations/clubs: |  |
| Funeral director: |  |
| Funeral celebrant: |  |
| Others: |  |
| **Next is your important medical information.** |
| Major diagnoses: |  |
| Allergies: |  |
| Medications: |  |
| Pacemaker (yes/no): |  |
| Implanted defibrillator (yes/no): |  |
| Private health insurance details: |  |

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| **Now for the details and locations of those important cards and documents.** |
| Driver’s licence: |  |
| Passport: |  |
| Medicare card: |  |
| Bank cards: |  |
| Credit cards: |  |
| Myki/travel card: |  |
| Seniors card: |  |
| Other cards: |  |
| Passwords location(s) |  |
| Birth certificate: |  |
| Marriage certificate: |  |
| Property titles: |  |
| Advance care plan: |  |
| Medical Treatment Decision Maker: |  |
| Powers of attorney: |  |
| Life review: |  |
| End of life plan: |  |
| Death and funeral plan: |  |
| Will: |  |

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| **The following items relate to your financial life.** |
| Bank accounts: |  |
| Direct debits (eg. accounts, charity donations): |  |
| Mortgage: |  |
| Loans: |  |
| Other debts: |  |
| Money owed to me: |  |
| Superannuation: |  |
| Binding beneficiary? |  |
| Superannuation pension: |  |
| Binding beneficiary? |  |
| Centrelink benefits (Yes/No) |  |
| Type: |  |
| Customer reference number: |  |
| Returned serviceperson: (Yes/No) |  |
| Unit: |  |
| Number: |  |
| Department of Veteran Affairs benefit: |  |
| Property: |  |
| Shares: |  |
| Chess reference number: |  |
| Stockbroker: |  |
| Other sources of income:Tax file number: |  |
| Location of current accounts/receipts: |  |
| **Transport and insurance items next.** |
| Motor vehicles: (year, make, model, registration number, registration due, keys) |  |
| Caravan: |  |
| Boat: |  |
| Insurance policies: Life/Accident/Income |  |
| House and contents: |  |
| Vehicle(s): |  |
| Other (eg. caravan, boat): |  |
| Council rates: |  |
| Utility providers: |  |
| Water: |  |
| Gas: |  |
| Electricity: |  |
| Phone(s): |  |
| My digital world: (Computer, iPad, other devices, Facebook, Twitter, LinkedIn etc)  |  |
| User names, passwords: |  |
| Miscellaneous notes:(other information not covered above, valuable possessions, requests) |  |