Final Wishes – Personal & Funeral Planning Document

(A Guidance for My Last Arrangements)

♦ Personal Information	
Name:	
Address:	
Date of Birth:	
→ Medical Information	
My GP:	
GP Phone:	_
GP Address:	<u> </u>
Current Medications:	
Medical Conditions:	
Will: Passport: Birth Certificate: Pensions/Insurance: Other:	
X Accounts to Close After My F	Passing
□ Post Office	
☐ Credit Union	
☐ Bank Accounts	
☐ Gas/Electricity	
☐ TV Licence	
☐ Subscriptions (Netflix, etc.)	

🕹 🏖 🕸 Next of Kin / Executor

Name: Phone:	
1	
2	
Pet Care Wishes	
I wish my pet(s) to go to:	
☐ Person:	
□ Funeral Wishes	
Type of Funeral:	
□ Traditional Send-Off□ Celebration of Life□ Simple & Private□ Grand Send-Off	
Funeral Home:	
Church/Venue:	
Officiant:	_
Wake Location:	
☐ My Home ☐ Other:	
Viewing Preferences:	
☐ Open Casket ☐ Closed Casket	

Burial/Cremation:
☐ Traditional Burial (Cemetery:) ☐ Cremation (Ashes to:) ☐ Green Burial
Personal Styling:
 Clothing: Hair: Makeup/Nails:
Music & Readings:
 Songs: Readings by: Obituary Reader: Pallbearers:
Flowers/Donations:
☐ Flowers Welcome ☐ Family Flowers Only ☐ Donations to:
Additional Requests:
☐ Tribute Video ☐ Other:
Notes & Special Requests
Signed: Date:

(I understand that some wishes may depend on circumstances.)