

## When I die

My name is:

This is what I want to happen when I die. I made this plan on this date:

Don't show this book to anyone unless I say you can.



#### Please fill this page in if this plan been done on behalf of someone you're supporting.



It's important that you follow the Mental

Capacity Act guidance about consent carefully before you start putting this plan together. Only complete this plan on behalf of someone else if the person you're supporting isn't able to say what they'd like to happen when they die.

You must have a meeting with this person's representatives (their family and staff) to put this plan together on their behalf. This is called a 'best interests discussion'.

If you're filling this booklet in on behalf of someone else, please use the boxes below to write down the name and job titles of each person who has played a part in putting the plan together and what their relationship is to the person the plan's for:

Name:	
Relationship to the person:	
Name:	
Relationship to the person:	

#### About me

My name is:		
I like to be known as:		
This is my address:		
My phone number is:		



This is the na	me of n	ny next of l	kin/advoc	ate:		
This is their p	hone n	umber:				
I have a religi	on:	Yes	No			
My religion is	<b>:</b>					
I would like you vicar/priest/is other religiou	mam/n	nonk/grant				
when I die:		rraar gara		15	7	
Yes	No				415	

Their name is:
Their relationship to me is:
They work at:



#### Things I want to do before I die

These are things I want to do before I die:



# What I'd like to happen if I'm going to die soon

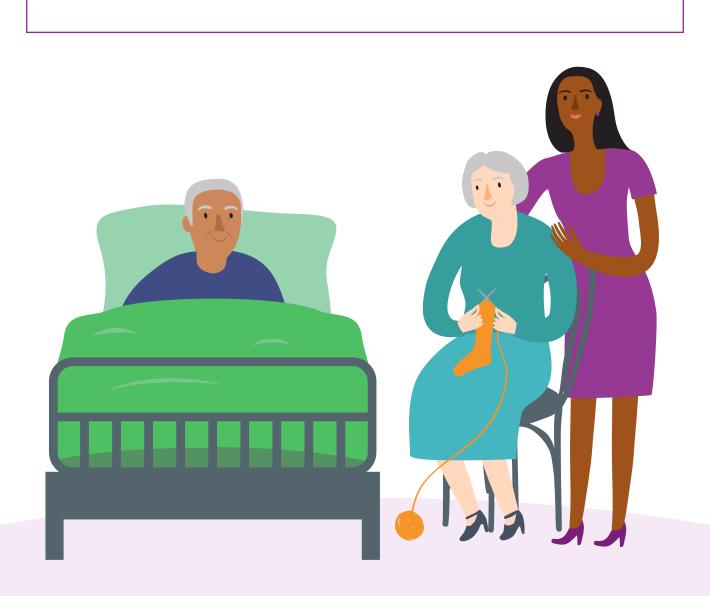
If I'm very ill and can choose where I'd like to be when I die, I want to be cared for:

In hospital

In a hospice

At home

Somewhere else (write in the box below)



This is how you can help meet my physical needs:				
This is how you can help meet my emotional needs:				
This is how you can help meet my spiritual needs:				
This is how you can help meet my cultural needs:				

# Medical treatment and decisions before I die

My doctor's name is:		
My doctor's address is:		
My doctor's phone number is:		



I have made a decision with my doctor about what medical treatments I do and don't want to have at the end of my life:

Yes No

This information can be found here:

I have opted out of donating my organs:

Yes No



# People who can make decisions on my behalf

I have legall <sup>,</sup>	y given someor	ne lasting po	wer of attorr	ney for decisions
about my he	alth:			

Yes No

I have legally given someone lasting power of attorney for decisions about my finances:

Yes No

Information about my lasting power of attorney can be found here:

### About my will

I have made a will: Yes No

My will is kept with:

Their address is:



#### About my funeral plan

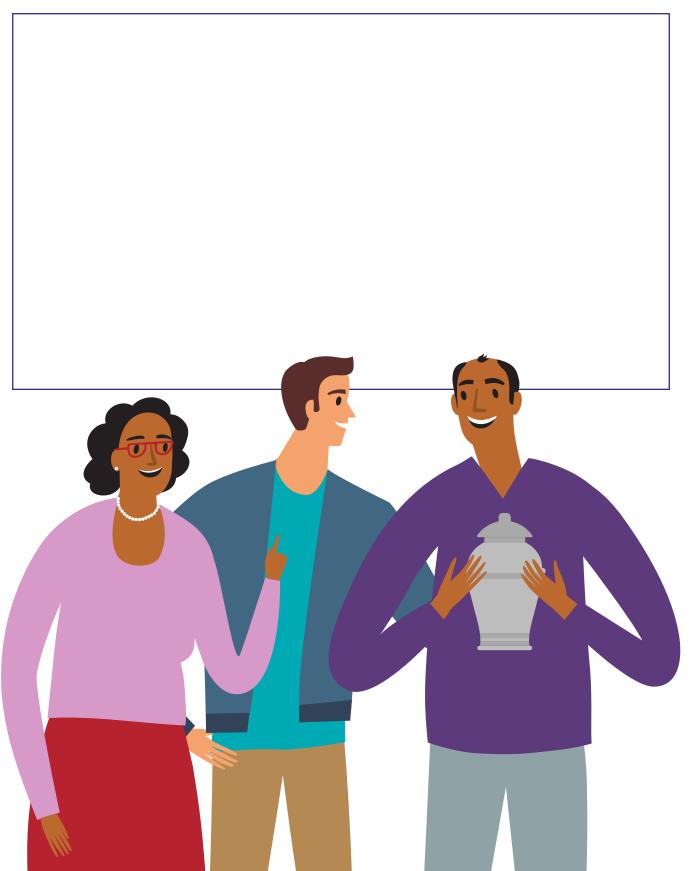
I have a funeral plan:	Yes	No
The name of my funeral p	olan is:	
My policy number is:		
The agency number is:		
The contact number is:		
I would like my body to b	e:	
Buried		THE REPORT OF THE PARTY OF THE
Cremated		

#### Fill this section in if you would like to be buried.

This is how I would like my coffin to be (you might want to write down how you would like your coffin to look):
This is where I would like to be buried:
I would like these items put into my coffin with me:

#### Fill this section in if you would like to be cremated.

When I have been cremated, this is what I want to happen to my ashes (you might want to write down where you want your ashes scattered or if you want them put into an urn):



### My funeral

I wou	ld l	like	my	bod	ly to	be:
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**Formal** 

**Informal** 

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This is who I would like to do a reading:
This is what I want them to read:
I would like this music to be played at my funeral:

I would like flo	wers at my funeral:		
Yes	No		
My favourite fl	owers are:		
Rather than bu money to:	ying flowers to my	funeral, people (	can donate

### My things

This is what I want to happen to the things that are not in my will (like jewellery, clothes and photos):
This is what I don't want to happen to the things that aren't in my will:
This person can make decisions about my belongings on my behalf:

#### Remembering me

I would like my body (if it is buried) or my ashes to be marked with:

A head stone

A plaque

A remembrance book

A tree

A plaque

Something else



Instead of a head stone, plaque, book or tree, I would like my body or ashes to be marked with:

My favourite trees are:
My favourite music is:
My favourite films are:
My favourite books are:

Here are some ideas for things you can do to remember me (this could be things like keeping a memory box, eating my favourite food or planting a tree):



#### Reviewing my plan

view date	•	 	 	





We'd like to say a big thank you to everyone who helped put this booklet together by sharing their knowledge and experiences.

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