**The following document is a guideline/framework for staff to follow, each person is unique and therefore this document should reflect that uniqueness.**

**MY END OF LIFE CHOICES**



My name is (insert Name), this booklet contains my wishes for when I die. Please respect this booklet and my wishes within it.

**What I want you to know about me**

Below are just some suggestions as to what someone may want to write down about themselves:

* What they love doing with their time
* What is important to them

**If I become ill, I would like**

If I become seriously ill and near death I would like the following wishes to be followed:

1. I would like to be cared for by (enter in family/staff names)
2. I would like to be cared for at (enter in location e.g. hospital/home)
3. I (do or don’t) want to be an organ donor
4. I want my Advanced Care Plan followed, a copy can be located (enter location).

*Note: An Advanced Care Plan is a legal document that anyone can have made which will clearly state how they want their end of life treatment to be implemented. If a client does not have an Advanced Care Plan but would like one in place, please speak to your Team Leader about organising one to be written up.*

**Important people in my life**

Below are the people that are important to me, please contact them if I become ill and are near death or if I die.



(Insert Name) and (Contact Number/Email/Address)



(Insert Name) and (Contact Number/Email/Address)



(Insert Name) and (Contact Number/Email/Address)

**Funeral Arrangements**

The person who I would like to organise all of these funeral arrangements is (insert name).I would like to buried at (add cemetery name) by (funeral home name) through (religion/church name);

Or

I would like to be cremated at (add cemetery name) by (funeral home name) through (religion/church name). I would like my ashes to be kept and given to (add name or cemetery location).

Or

 I would like my ashes to be spread at (location) by (add name).



My favourite flowers are (insert name), I would like a bouquet of them on my coffin or in the church or hall.



This is the outfit I would like to be buried or cremated in, I would like to also be wearing my (add in other clothes or jewellery items etc.)



Items that I would like to be buried with me or cremated with my body.

I would like the below list of songs played at my funeral:

* (insert song title and artist), the reason I like this song is (insert reason)
* (insert song title and artist), the reason I like this song is (insert reason)

I would like (enter preferred text/psalms/surah’s of scripture and religion of the client) to be read at my funeral For example:

* Psalms 23 read by (insert family/friends name)
* Revelation 21 (1 to 4) (insert family/friends name)
* Reading by Rumi:

“Goodbye are for those who love with their eyes because for those who love with their heart and soul there is no such thing as separation”

I would like the people below to say something nice about me at my funeral.

* (Insert name and contact number/address/email address), I would like (insert name) to say something about me because (insert reason).
* (Insert name and contact number/address/email address), I would like (insert name) to say something about me because (insert reason).

**Who to give my possessions to after I die**

Below is a list of items that are special to me and the people that I would like to receive these items after I have died.



This is my (name item), it was special to me because (insert reason). I would like (insert name) to have this because (insert reason).

Or/Combination of both…



I would like to donate (name item/s) to (charity name) so that others can get use from these items.

**Plans and policies that I have in place**

My funeral plan is with:

* Company Name

Phone Number:

Address:

Policy Number:

I have Life Insurance with:

* Company Name

Phone Number:

Address:

Policy Number:

A copy of my Will is kept:

* Company Name

Phone Number:

Address:

Contact Person:

**This plan has been developed with these people:**



Staffs Name, Date.



Family Members Name, Date.

This booklet is a living document, therefore each year I will review and make changes where needed. The next review date is (insert date)

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Client Signature

Client Name

Date