

In the event of my death . . .

![C:\Users\margaret.craske1\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\2SMAMY3L\2017-10-30-17-02-01-661x825[1].jpg]()

Information you need to know

My Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name I like to be known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name (if applicable) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Next of Kin – Name, address and contact number |
| Other family members – Name, relationship (daughter/son) contact number |
| Name of GP and Practice |
| Solicitor – name and contact details |
| Accountant – name and contact details only |
| Bank – name and contact details only |
| Building society – name and contact details only |
| Dentist – name and contact details |

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| **Organ Donations:** *detail your wishes*Heart / Lungs / Cornea / Pancreas / Small Bowel / Tissue / Bone / Kidneys / Liver |

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| **Keep legal documents together in one place, ensure someone you trust knows the location of documents**: |
| Birth Certificate |  | National Insurance Number |  |
| Marriage Certificate |  | Benefits information |  |
| Divorce documents |  | Social Media Accounts/passwords |  |
| Will |  | Health Insurance documents |  |
| House Deeds/Mortgage Information |  | Bank/Building society books / accounts |  |
| Passport |  | Stocks/shares Investment Information |  |
| Utility providers – gas / internet etc |  | State Pension Details |  |
| House / Car Insurance Company |  | Private Pension Details |  |
| Car Registration Documents |  | Funeral/Life Insurance Information |  |

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| **Employment Details**Name, address and contact number of employer or business partners:Position/Job title: |

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| **Pets –** *what are you wishes with regards to pets, who would you like to look after them* |

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| **Funeral Requests** *Please detail your wishes*Have you a funeral plan? Name and contact details.My funeral will take place at: …………………………………………………………………………………….Favourite hymns, readings, music or/and poems: ………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………….I would like donations from my funeral to go to: ……………………………………………………….**After my funeral I want to be:**Buried at the following location: …………………………………………………………Cremated at the following location: …………………………………………………..**My ashes should then be:**Scattered at the following location: …………………………………………………….**Or**Buried at the following location ……………………………………………………….. |

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| **Clubs/Societies/Friends to notify of my death –** name, address and contact number |