



wallace**stuart**  
Lady Funeral Directors

## *My End of Life Wishes*



These are the wishes of

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My Contact Details are

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

When I die, I want you to know that the wishes contained within this book are mine that I have had the opportunity to think about and I have taken the time to write them down to help those left behind with some of the difficult decisions that will need to be made.

Last Will and Testament

- I have written a Will and it is located:
- I did not make a Will

Next of Kin Details	
Name	
Address	
Telephone	
E-Mail	

## Important Contacts

The following contacts will help you to manage my affairs and make life easier.

	Name/Details	Telephone Number
Doctor		
Solicitor		
Bank		
Insurance		
Insurance		
Pension		
Pension		
Subscriptions		
Subscriptions		
Other		
Other		
Other		

The following wishes are to help decisions to be made for the Funeral Service.

I would like my body:

- Cremated       Buried
  
- I would like all the arrangements of my Funeral to be as environmentally considerate as possible.

My chosen Funeral Director is: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

I would like my body to be dressed in:

- My own clothes
- A funeral gown
- Special choice of clothing: \_\_\_\_\_

Coffin Choice:

- I don't have any thoughts about the coffin that will be used
- I would like

People who wish: \_\_\_\_\_

- Can visit me at the Funeral Directors
- I will rest at home with my family
- No one should visit me after my death

My Service should be:

- Direct Cremation with no service or attendees
- Faith led service
- A Service of Thanksgiving with no faith content
- Other \_\_\_\_\_

My Service should be held at:

\_\_\_\_\_

I would like a:

- Priest/Vicar to lead my service
- Celebrant of no faith persuasion to lead my service
- I don't want anyone to lead the service

Name of the person to lead the service (if known)

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My chosen music for the service:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

My Life Story:

- I would like my Life Story to be read to those who attend my Service
- I do not want my Life Story read as part of the Service

The following Readings/Poems are special to me and should be included:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Special thoughts about my Funeral Service I would like to be known:

Flowers to be provided:

- From anyone
- From family only
- No flowers

For those wishing to remember me, I would like donations made to the following Charity(ies) in my memory

1. \_\_\_\_\_
2. \_\_\_\_\_

Announcements:

- Announcement in the local newspaper
- Announcement in \_\_\_\_\_ publication
- Online obituary/announcement
- No announcement

Special thoughts relating to the final resting place of my physical remains:

I have/do not have an existing grave at \_\_\_\_\_

## Useful Contacts

Name/Details	Contacts
<b>Musgrove Hospital Bereavement Office and Services</b> Musgrove Hospital TA1 5NE	01823 343753
<b>Taunton Register Office</b> Municipal Buildings, Corporation Street, Taunton TA1 4AQ	01823 282 251 (Central Hub)
<b>Bridgwater Register Office</b> Bridgwater House, Kings Square, Bridgwater TA6 3AR	01823 282 251 (central Hub)
<b>CRUSE Bereavement Care</b> Crispin Centre, Leigh Road, Street BA16 0HA	01458 898211 somerset@cruse.org.uk
<b>Musgrove Park Hospital</b>	01823 333 444
<b>Hospital Chaplains</b>	01823 342 515
<b>Golden Leaves Funeral Plans</b>	0800 854 448 www.goldenleaves.com

## My Useful Contacts
