

END OF LIFE PLANNING

Your wishes and preferences

Declaration:

Doula Connections advise this is not a legally binding document and does not replace those that are. This document is designed as a template to record your end of life wishes and preferences, and with the ability to revisit, add and update your own wishes and preferences at any time. Any information entered into this form is the responsibility of the purchaser and it is up to you who you share this information with, and where you store this information.

It is a very deep-reaching and detailed form aimed to really prompt thinking and planning about many areas of end of life. These are often areas we have not thought of before and it is really valuable to have your thoughts, preferences and wishes down on paper so they can be shared with those close if you wish to. It may help to have some parts of this form and end of life choices and options available, discussed with the support of an end of life doula.

Thank you,
Julie Fletcher
Doula Connections (Founder)

Want to talk to an end of life doula?
www.doulaconnections.com.au/contact
info@doulaconnections.com.au

Personal Details

A1.	First / middle names:	<input type="text"/>
A2.	Preferred name / names:	<input type="text"/>
A3.	Last name:	<input type="text"/>
A4.	Email / s:	<input type="text"/>
A5.	Phone number / s:	<input type="text"/>
A6.	Date form started:	<input type="text"/>
A7.	Current address:	<input type="text"/>
	Street / Building Details	<input type="text"/>
	City	<input type="text"/>
	State / Region	<input type="text"/>
	Country	<input type="text"/>
	Post Code	<input type="text"/>

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Personal Details continued.

A8.	Date of birth:											
A9.	Where were you born?											
A10.	Next of kin? Name and relationship:											
A11.	Next of kin contact number / email:											
A12.	Main language spoken at home?											
A13.	Do you need any further assistance? Details:	<table border="0" style="border: 1px solid #ccc; padding: 5px;"> <tr> <td style="padding-right: 10px;">Interpreter</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> <td rowspan="3" style="width: 50px;"></td> </tr> <tr> <td>Hearing Impaired</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> <tr> <td>Cultural</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> </table>	Interpreter	<input type="radio"/> Yes	<input type="radio"/> No		Hearing Impaired	<input type="radio"/> Yes	<input type="radio"/> No	Cultural	<input type="radio"/> Yes	<input type="radio"/> No
Interpreter	<input type="radio"/> Yes	<input type="radio"/> No										
Hearing Impaired	<input type="radio"/> Yes	<input type="radio"/> No										
Cultural	<input type="radio"/> Yes	<input type="radio"/> No										
A14.	Religious / spiritual / faith preference? Is there someone in particular to contact? Details:											
A15.	Partner / marriage / de facto details:											
A16.	Names of your children:											
A17.	Your mother's name: First name / Middle name / Last name Mother's Maiden name <small>(Your parent's full names will be needed for a death certificate)</small>											
A18.	Your father's name: First name / Middle name / Last name											
A19.	Important parental details to be shared:											

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Personal Documents

Answer and provide relevant details for what you can-

[Please note documents may be called different things in different states and territories]

B1. Name of legal representative / solicitor:

B2. Legal representative phone / email:

B3. Name / firm of my accountant:

B4. Accountant phone / email:

B5. Name / firm of my financial adviser:

B6. Financial adviser phone / email:

B7. Will

Yes

No

B8. Where is the original located?
(and / or a certified copy)
Who has a copy?
Phone / email:

B9. Estate planning

Yes

No

B10. Where is the original information
held (and / or a copy)
Who has a copy?
Phone / email:

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Personal Documents continued.

Answer and provide relevant details for what you can-

[Please note documents may be called different things in different states and territories]

B11. Power of attorney

Yes No

B12. Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

B13. Enduring power of attorney

Yes No

B14. Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

B15. Enduring guardian

Yes No

B16. Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

B17. Advance care directive

Yes No

B18. Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

B19. Life insurance

Yes No

B20. Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

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Personal Documents continued.

Answer and provide relevant details for what you can -

[Please note documents may be called different things in different states and territories]

B21. Funeral plan / funeral bond / prepaid contract / agreement / package Yes No

B22. Basic details:
Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

B23. Titles and deeds Yes No

B24. Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

B25. Trusts and other financial documents Yes No

B26. Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

B27. Proof of identity
Birth certificate / Passport etc Yes No

B28. What identity information do you have?
Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

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Personal Documents continued.

Answer and provide relevant details for what you can -

[Please note documents may be called different things in different states and territories]

B29. Any change of name documents?
Marriage cert / divorce cert / other Yes No

B30. What change of name information do you have?
Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

B31. Organ and tissue donations instructions? Yes No

B32. Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

B33. Any other important personal documents you'd like noted?
Details:

Where is the original information held (and / or a copy)
Who has a copy?
Phone / email:

B34. If you have answered yes to any of the above, does anyone else in your family and / or friends' circle have copies of these documents as well?

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Who are your 'Key People'?

This section is for you to list the people who you want to be involved in your life if you are approaching the end of life or thought to be. Who are the people you would want contacted and / or with you?

c. Add as many or as few people as you wish...

Name	Relationship	Contact details

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Dying

This section relates to your wishes and preferences when you know that you have a life-limiting illness or diagnosis or are advancing in age and you believe that you have entered the stage of active dying.

It can also relate to circumstances that have been unexpected like accidents and major health events that may result in your possible unforeseen death drawing near. It will guide your friends and family. If you haven't completed an advance care directive, you may wish to do so, so that you can be very specific about your preferences around any health and medical care.

You can discuss this with your legal representative or do an online search to get more information as well.

D1. **Have you discussed your death and dying preferences with any family and friends?**

D2. **If yes, who?**

D3. **Who is your substitute decision maker/s?**
[Relates to guardianship listed above]

D4. **Where would you prefer to die?**

D5. **What would be your second preference?**

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Nearing Death

These questions relate to your wishes and preferences as your death approaches. You could be at home or somewhere else, you may be awake and alert or unconscious.

E1. Are there specific people you'd like right by your side towards the end?

List the people you **would like to have close by** or have contact with if possible, if you knew you were nearing death. Leave these items blank if not relevant or important to you.

Name	Relationship	Contact number

E2. Are there specific people you do NOT want with you?

Name	Relationship	Contact number

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Nearing Death continued.

- E3. **Would you like to have a living wake?
If yes – where? Any specific details?**

[A living wake is generally the same type of ceremony as a traditional wake or funeral, except it happens before the person has died. It's a chance for a community of friends and family to come together and tell a loved one the impact they have made on their lives, while they are still here to hear it.]

- E4. **As you are nearing death, are there any pets or specific items you want to have around you?**

- E5. **What other things would you find comforting or important to have nearby?**

- E6. **Any particular photos you would like around you?**

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Nearing Death continued.

E7. Are there any specific items of clothing you want to wear or have around you?

E8. Do you like or not like to feel warm or cool?

E9. Any specific music or sounds?

E10. Touch from your people?
Where is most comforting for you?
Or where are you not comfortable with touch?

E11. Would you prefer it to be quiet OR people talking and reminiscing around you etc?

E12. Any particular view or outlook?

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Nearing Death continued.

E13. Sunshine / moonlight?

E14. Bright, normal or soft lighting?

E15. Candles / fresh air / breeze?

E16. Essential oils and other smells?

E17. Tastes you might like to have?

E18. What do you especially want if it's at all possible that hasn't been noted?

E19. What do you definitely NOT want, where it's possible?

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After Death – my body

These questions relate to your wishes and preferences in relation to your body after your death. You may prefer your friends and family to make some of these decisions, or you may wish to provide some instructions or guidelines.

There are occasions where your body must be handled by a coroner for example so things may not always follow your preferences OR they can still be done, but it may just be after the coroner has released your body (in a week or sometimes a few).

F1. Do you want to be cremated or buried or something else?

F2. Do you have any specific requests about your remains?

For example: a particular cemetery, a specific plot, ashes, headstone, tree planted, ashes, environmentally thoughtful, no fuss, all the bells and whistles, minimalist etc.

F3. Do you want a headstone / plaque / memorial?
Details:

F4. If yes, what would you like written on it?

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After Death – my body continued.

F5. Is there specific clothing that you want to have on, be naked, bare foot etc?

F6. Is there a specific hairstyle, make up or specific jewellery that you would like to wear / have done?

F7. Do you want people to be able to 'view' your body?

Yes

No

Let my family decide

F8. Any specific details:

F9. Do you want any specific items placed on you, in your coffin or shroud with you?

Yes

No

Let my family decide

F10. Specific details:

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After Death – my body continued.

F11. Do you have any specific instructions about the care of your body?

Yes

No

Let my family decide

F12. Details:

F13. Are there any arrangements / specific changes to the above details, if you were required to have an autopsy?

Yes

No

Let my family decide

F14. Details:

F15. What do I especially want if it's at all possible that hasn't been noted?

F16. What do I definitely NOT want where it's possible?

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After Death – my send off

These questions relate to your wishes after your death.

If you have made a specific prearrangement with a funeral company, please provide the information.

G1. Do you want to have a funeral?

Yes

No

Let my family decide

G2. If yes, where?

G3. Would you prefer a memorial ceremony rather than a funeral? [A memorial service involves all the elements of a funeral ceremony however the coffin is not present]

Yes

No

Let my family decide

G4. Details:

G5. Would you prefer a coffin, casket, shroud, natural burial or something else? [Shrouded cremation and natural burials are only available in some states and territories as laws in some areas still require the use a coffin or casket].

G6. Details:

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After Death – my send off continued.

- G7. What atmosphere would you like?
Quiet, reminiscent, family only,
nostalgic, everyone, celebratory, music,
food, alcohol, indoors, outdoors, etc.
Details:

- G8. Music preferences if any?

- G9. Is there a specific photo/s you'd like
displayed or included in a presentation?
Prepared by anyone in particular?
Details:

- G10. Is there already a presentation or
collection of photos gathered / made?
Details:

- G11. Any specific readings, poems, hymns,
prayers etc? Read by who?
Details:

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After Death – my send off continued.

- G12. If possible would you like an open coffin / casket / shroud?
Details:

Yes No Let my family decide

- G13. Do you want a death notice?

Yes No Let my family decide

- G14. If yes, in which Newspaper / s?
Specific things or people to mention?

- G15. Do you want your death shared / announced on social media?
Details:

- G16. Do you want to write your own eulogy or would you like someone else to?
Maybe have none at all?
Details:

- G17. If someone is to read your eulogy, who would you like it to be?

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After Death – my send off continued.

G18. Do you want people to bring flowers?

G19. Do you want flowers on your coffin, casket or shroud? If so anything in particular you would prefer?

G20. Would you like people to donate to a charity on your behalf in lieu of flowers? If yes, what charity / charities?

G21. Are there any specific organisations / people you want acknowledged, e.g. clubs, associations, military service, volunteer work, employers, employees, colleagues, neighbours etc?

G22. Are there specific people you want notified of your death? They may live in another country, be estranged etc. Please detail:

G23. Are there specific people you DO NOT want at your funeral / memorial?

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After Death – my send off continued.

G24. Are there any other personal touches you'd like to note for your send off?

Memories

These questions relate to things that you may like to leave to others or create while you are still alive or after death. It might be things like; family tree, photos, hand prints, stories, videos, a living wake, memory boxes, documents or interviews, just to give you a few examples.

H. Do you have any specific ideas about this?
Here is your chance to think about it. Have you recorded your family tree as much as you remember?

How can you create memories for your friends and family while you are still here and also after your death?

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Belongings

IMPORTANT TO NOTE: this is not legally binding, just a statement of your wishes and preferences at the time you filled it in. These questions relate to your most important / precious or personal belongings like pets, family heirlooms etc.

11. Do you have pets?
Your pet's details:

12. If yes, who would you like to take them into their care if possible?

Do they know they have been noted to do this?

13. Is there any specific details regarding your pets that they need to know?

Has this been noted / recorded?
Where is this located?

14. Is there money allocated for them to take care of your pets for you?
Details:

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Digital passwords and other helpful information

Please consider your phone, computers, important photos, videos, passwords, music library, cloud storage and other information that is stored digitally. People may not be able to access these after your death or incapacity.

We suggest you make your arrangements with your legal representative or a highly trusted person so that these assets can be accessed and managed accordingly.

It can also be helpful to make note of other information that may be required to manage and close your accounts, memberships, etc as well as employers, medical offices etc, to be informed for their records.

- J1. **Are there any specific details or person that should have access to your passwords?**
Do they know?

- J2. **Utilities (1) name -**
Account name:
Account number:
Account email address:

- J3. **Utilities (2) name -**
Account name:
Account number:
Account email address:

- J4. **Phone and internet (1) name -**
Account name:
Account number:
Account email address:

- J5. **Phone and internet (2) name -**
Account name:
Account number:
Account email address:

- J6. **Landlord name**
Contact person:
Account email address:
Phone number:

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Other helpful information continued.

J7. **Membership (1) name**
Account name:
Account number:
Account email address:
Details:

J8. **Membership (2) name**
Account name:
Account number:
Account email address:
Details:

J9. **Membership (3) name**
Account name:
Account number:
Account email address:
Details:

J10. **Subscription (1) name**
Account name:
Account number:
Account email address:
Details:

J11. **Subscription (2) name**
Account name:
Account number:
Account email address:
Details:

J12. **Subscription (3) name**
Account name:
Account number:
Account email address:
Details:

J13. **Subscription (4) name**
Account name:
Account number:
Account email address:
Details:

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Other helpful information continued.

J14.	Employer (1) name Person to contact: Phone number: Account email address: Other details:	
J15.	Employer (2) name Person to contact: Phone number: Account email address: Other details:	
J16.	Medical GP (1) name: Phone: GP (2) name: Phone:	
J17.	Dentist Dentist name: Phone:	
J18.	Specialist Specialist (1) name: Phone: Specialist (2) name: Phone: Specialist (3) name: Phone:	
J19.	Allied health Allied health contact (1) name: Phone: Allied health contact (2) name: Phone:	

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Other helpful information continued.

J20. **Government Departments**
Eg. drivers license and medicare

Card / Service (1) number:
Phone number for account:
Account email address:

Card / Service (2) number:
Phone number for account:
Account email address:

Card / Service (3) number:
Phone number for account:
Account email address:

Card / Service (4) number:
Phone number for account:
Account email address:

J21. **Bank / credit unions**

Bank / credit union (1) name
Account number:
Account email address:
Other details:

Bank / credit union (2) name
Account number:
Account email address:
Other details:

Bank / credit union (3) name
Account number:
Account email address:
Other details:

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Other helpful information continued.

J22. **Superannuation**

Super Fund (1) name
Contact person:
Account number:
Phone number for account:
Account email address:

Super Fund (2) name
Contact person:
Account number:
Phone number for account:
Account email address:

J23. **Shares / investments**

Shares / investments (1) name
Contact person:
Account number:
Phone number for account:
Account email address:

Shares / investments (2) name
Contact person:
Account number:
Phone number for account:
Account email address:

Shares / investments (3) name
Contact person:
Account number:
Phone number for account:
Account email address:

J24. **Safety Deposit Box**

Location:
Details:

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Other helpful information continued.

J25. **Store Cards**

Store card (1) name
Account number:
Phone number for account:
Account email address:

Store card (2) name
Account number:
Phone number for account:
Account email address:

Store card (3) name
Account number:
Phone number for account:
Account email address:

J26. **Money I owe / lent**

Contact person / s:
Details:

J27. **Important Keys**

Important Keys (1)
Location:
Details:

Important Keys (2)
Location:
Details:

Important Keys (3)
Location:
Details:

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Other helpful information continued.

J28. **Real Estate**

Property (1)
Address:
Details:

Property (2)
Address:
Details:

Property (3)
Address:
Details:

J29. **Car / s**
Details:

J30. **Boat / caravan / trailer / bike / s**
Details:

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Other helpful information continued.

J31. **Insurances**
Details:

J32. **Any final notes or information**
Details:

Full Name:

Signature:

Date this form was last completed:

Important note:

Doula Connections advise this is not a legally binding document and does not replace those that are. This document is designed as a template to record your end of life wishes and preferences, and with the ability to revisit, add and update your own wishes and preferences at any time. Any information entered into this form is the responsibility of the purchaser and it is up to you who you share this information with, and where you store this information. The purchase of this document from Doula Connections is for the use of one person per purchase, and is not to be reproduced or copied for the use of others. Thank you.