@abetterwayfunerals.com.au www.abetterwayfunerals.com.au 0401 040 161 Keri Alexander Owner | Founder MY WISHES
BOOKLET



MYWISHES

FOR REMEMBERANCE AND CELEBRATION OF LIFE



Letting your family know your wishes helps to alleviate pressure on your loved ones.



Planning ahead for my family

My Wishes

I have completed this booklet for you, my family.

My wish is to help alleviate some of the burden from you on my time of passing

I have completed this booklet with love, thoughts and my heart.

You will find practical information as well as how I wish to be remembered.

I know when the time comes for you to read this there will be sadness but please know I want you to laugh and cherish all the good times we shared together.

WITH ALL MY LOVE







For my family

My personal details

Title: Or OMr OMrs OMs OMiss Oothe
Surname:
Given Name/s:
Sex: OM OF
Date of Birth:
Place of Birth:
If Born overseas, date of arrival in Australia:
Aboriginal or Torres Strait Islander Origin: O Yes No
Usual Place of Residence:
Contact Information
Home:
Mobile:
Work:
Email:
Profession or occupation during working life:





For my family

My Preferred funeral director
Company Name: Phone Number: Email Address: Pre-Paid Plan:
My Next of Kin:
Name:
Phone:
Email:
Address:
My Will is located at:
Name:
Phone:
Email:
Date of Will:
My Solicitor is:
Name:
Phone:
Email:
Address:
Executor of my Will:
Name:
Phone:
Email:
Address:





For my family

I AM AN ORGAN DONATOR OYES ONO

My personal documents:

Birth Certificate Location:	
Marriage Certificate Location:	
Medicare Card Number:	
Centrelink Pension Number:	
Veterans Affairs Number:	
Passport Number:	
Citizenship:	
Drivers Licence Number:	state of issue:







MY FAMILY DETAILS:

Fathers Name:		
Usual Occupation:		
Mothers full Maiden Nam		
Usual Occupation:		
Marital Status:		
Married Widowed Di	vorced Never Marrie	d Separated
My Spouse or Partners Nan	ne:	
Name:		
Usual Occupation:		·
Place of Marriage:		
Year of Marriage:		
My age at time of Marriag		
My Children:		
Childs Name:		
Date of Birth:		male (Male
Childs Name:		
Date of Birth:		male () Male
Childs Name:		
Date of Birth:		
Childs Name:		
Date of Birth:	Fe	male ${}_{\frown}$ Male
Childs Name:		
Date of Birth:		male () Male





MY FINANCIAL INFORMATION

Bank Name:	
BSB Number:	Account Number:
Location of Documents: _	
Ingomo Tay Dagardo.	
Income Tax Records:	
Tax File Number:	
Location of Records:	
Deeds of Property:	
1	
Mortgage Details:	
Lender Reference Number	er:
Address of Lender:	
Address:	
Life Insurance Policy:	
Location of Records:	
Superannuation Details:	
Stocks/Shares:	
Location of Records:	





Accountant:		
Name:		
Phone:		
Email:		
Car Details:		
Registration Details:	State:	
Location of Documents:		
NA-1-4 I C 4-		
Military Information:		
Branch of Service:		
Service Serial Number:		
Date Entered Service:	Place:	
Date of Discharge:	Place:	
Grade/Rank or Rating:		
Wars/Conflicts Served:		
Societies/Clubs:		
Memberships and Position Held:		





MY MEDICAL HISTORY MY FUNERAL SERVICE OR CELEBRATION OF LIFE THESE ARE MY WISHES Do you have a pre-paid funeral Yes () No If so who with: _____ Informal Wish to be: OBuried OCremated Direct Cremation (Direct cremation is No Service, No Attendants) Preferred Cemetery or Crematorium Location: Celebrant or Clergy: _____ Religious Denomination: Veteran Service by: _____ Eulogy By: _____ Donations to: Music Choices:





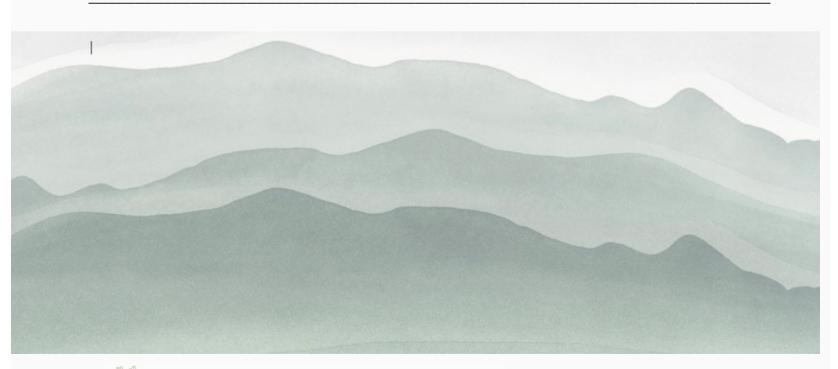
Type of coffin/casket desired:	
Special Verses/readings:	
To be read by:	
I would like a funeral notice in SMH. Yes No	
Flowers/Donations No Flowers by request: Yes No	
In lieu of flowers, I would prefer people make a donation to the followi charity:	
Clothing: My preference for my final garments are as follows:	
Viewing: No	
Special Instructions:	





MY RESTING PLACE

Do you have a	n existing fan	nily connection w	ith one of the cemeteries?
Do you own a	site at one of	the cemeteries? ₋	
If ves location	•		
•			in?
I Own/Prefer:	Burial:	Crypt	Grave
	Cremation:	O Wall Niche	○ Garden
I wish all/part	of my ashes to	be scattered at	(site location):
Remainder Pla	aced:		
I would like th	e following w	ording on my pla	que/headstone:







PEOPLE TO NOTIFY

IN THE EVENT OF MY PASSING, I WISH THE FOLLOWING PEOPLE TO BE NOTIFIED:

Name:
Relationship:
Phone Number:
Name:
Relationship:
Phone Number:
Name:
Relationship:
Phone Number:
Name:
Relationship:
Phone Number:
Name:
Relationship:
Phone Number:







SHARING MY STORY

Your life story is so important and can be a comfort to your loved ones. You can start by sharing it with you family and close friends. This can sometimes be a difficult conversation but also so rewarding once you/ve taken the first step. Here are some ideas to get started......

Where I grew up:
Where I went to school:
Earliest Memories:
Favourite times/holidays:
Hobbies/Interests:
Most Important people in my life:





Places I've Worked:
Greatest Achievements:
Something most people don't know about me:
Acknowledgments I would like at my funeral:
Items to be on display at my funeral:
Any other thoughts to share:





MY LIFE | MY STORY | MY WISHES

