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MY WISHES  
BOOKLET



# MY WISHES

FOR REMEMBRANCE AND  
CELEBRATION OF LIFE

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



# Planning ahead for my family

## M y   W i s h e s

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



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# For my family

## My personal details

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Sex: ☐ M ☐ F

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

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

If Born overseas, date of arrival in Australia: \_\_\_\_\_

Aboriginal or Torres Strait Islander Origin: ☐ 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    ☐ YES ☐ NO

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: \_\_\_\_\_



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# MY FAMILY DETAILS:

Fathers Name: \_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Mothers full Maiden Name: \_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Marital Status:

☐ Married   ☐ Widowed   ☐ Divorced   ☐ Never Married   ☐ Separated

## My Spouse or Partners Name:

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

Usual Occupation: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Year of Marriage: \_\_\_\_\_

My age at time of Marriage: \_\_\_\_\_

## My Children:

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ☐ Female   ☐ Male

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ☐ Female   ☐ Male

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ☐ Female   ☐ Male

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ☐ Female   ☐ Male

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ☐ Female   ☐ Male



# MY FINANCIAL INFORMATION

Bank Name: \_\_\_\_\_

BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Location of Documents: \_\_\_\_\_

## Income Tax Records:

Tax File Number: \_\_\_\_\_

Location of Records: \_\_\_\_\_

## Deeds of Property:

Property Address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Mortgage Details:

Location of Records: \_\_\_\_\_

Lender Reference Number: \_\_\_\_\_

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: \_\_\_\_\_

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

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## MY FUNERAL SERVICE OR CELEBRATION OF LIFE THESE ARE MY WISHES

Do you have a pre-paid funeral ☐ Yes ☐ No  
If so who with: \_\_\_\_\_

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Mood of Service: ☐ Formal ☐ Informal  
Wish to be: ☐ Buried ☐ Cremated ☐ Direct Cremation  
(Direct cremation is No Service, No Attendants)

## Preferred Cemetery or Crematorium Location:

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Celebrant or Clergy: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Veteran Service by: \_\_\_\_\_

Eulogy By: \_\_\_\_\_

Donations to: \_\_\_\_\_

Audio Visual Presentation: ☐ Yes ☐ No

Music Choices: \_\_\_\_\_

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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 following charity: \_\_\_\_\_

I would like to flowers in my coffin cover to include: \_\_\_\_\_  
\_\_\_\_\_

Clothing:

My preference for my final garments are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Viewing:     ☐ Yes     ☐ No

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# MY RESTING PLACE

Do you have an existing family connection with one of the cemeteries?

Do you own a site at one of the cemeteries? \_\_\_\_\_

If yes, location: \_\_\_\_\_

If yes, whose name is the property registered in? \_\_\_\_\_

I Own/Prefer:      Burial:    ☐ Crypt            ☐ Grave

                         Cremation:    ☐ Wall Niche    ☐ Garden

I wish all/part of my ashes to be scattered at (site location):

Remainder Placed: \_\_\_\_\_

I would like the following wording on my plaque/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: \_\_\_\_\_



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# 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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

