Private and Confidential

“What If”
Celebrating My Life

This Plan belongs to:

Please note, this document is not legally binding and could be contested in a court of law
This plan is to enable you and your love ones to set out how - you would like your care delivered when you are in your final days and how you would like your life celebrated.

This plan has 3 sections

All about me - who is supporting me with my plan

My Final days - Important things when planning my care

Celebrating my life - my funeral arrangements

What If—Celebrating My Life: developed by The Community Learning Disability Team, Care Plus Group, North East Lincolnshire

For further information contact: Barry.osborne@nhs.net
All About Me

Photograph if wish

My name is:
I like to be called:

I live at:

Telephone:

My religion is:

Name of Priest / Holy Man / Vicar to be contacted:

Telephone:
All About Me (continued)

My next of kin / advocate is:

[Blank Line]

Telephone:

[Blank Line]

Their address is:

[Blank Line]

I have made a WILL?

YES  NO

If YES — It is stored At  MY HOME / WITH

[Blank Line]

My Executor (s) is / are:

[Blank Line]

Telephone

If NO — I would like someone to contact my Solicitor to help me make a will

My Solicitor is:

Name:  

Telephone:

I do not have a Solicitor, but would like someone to contact a local solicitor to help me

YES  NO
All About Me (continued)

Lasting Power of Attorney

I have made an Enduring Power of Attorney / a Lasting Power of Attorney for Property & Financial Affairs

If **Yes** — it is stored—At Home / with

My Attorney (s) is are

I have made a Lasting Power of Attorney for Personal Welfare

If **Yes** — it is stored—At Home / with

My Attorney (s) is are

If **NO** — I would like to make a Lasting Power off Attorney

I would like someone to contact a Solicitor to help me

My Solicitor is : see previous page
My Final Days — Important Things When Planning My Care

Things to think about

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Things to think about
Where ever possible I would like to be cared for in my own home if I am very ill

YES  NO  - Circle Choice

Or I would like to cared for at:
Celebrating My Life - My Funeral

I would like the service to take place at:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I would like the service to be:

Formal

Informal

Circle Choice

I would like

To take part in my service.

Their address is:

__________________________________________________________________________

Tel Number:

__________________________________________________________________________

I would like the following pieces of music to be played:

1. _________________________________________________________________

2. _________________________________________________________________

3. _________________________________________________________________

I would like the following to be read:

1. _________________________________________________________________

2. _________________________________________________________________
I would like these things to be placed in my coffin:

I would like flowers at my funeral:

**YES**  **NO**

_Circle Choice_

My favourite flowers are:

Rather than flowers, people may donate

The donations should go to:

I would like people to celebrate my life and have a party to remember me

**YES**  **NO**
About My Burial or Cremation

I have decided that I would prefer to be buried

YES  NO  

\textit{Circle Choice}

I have a place in a family burial plot or I have purchased a plot

YES  NO  

\textit{Circle Choice}

If yes, details:

\begin{verbatim}

If no, I would like to be buried at:

\end{verbatim}

I have decided that I would like to be cremated

YES  NO  

\textit{Circle Choice}

I would like this to take place at:

\begin{verbatim}

I would like my ashes to be:

\end{verbatim}
How I would like to be remembered, messages to those I love

My favourite photograph

My important message about life:

About me

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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__________________________________________________________________________________________

__________________________________________________________________________________________
Date this plan completed:

Other people involved in this plan were:

Names of who this plan should be shared with:

IMPORTANT

Please remember to take this plan with you so as to

ensure your wishes are carried out
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