

Final Wishes for

Date:



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Before you begin

This document has been specifically designed to give people an opportunity to make preferred choices around the time of their death. It may also give caregivers a way of starting a conversation or assisting a person who is in palliative care.

Some of the questions may be difficult to answer all at once. Start with the necessary details on page one, as they are required for legal documents.

Other sections are more personal choice and preference to what is important for you.

My contact details are on the front page if you require further assistance in either filling in the form or would like to know more.

Keep the document in a safe place for someone to carry out your final wishes.

It is recommended that a duplicate copy is attached to your Will, held with your Lawyer.

In my personal experience with family and friends I have witnessed confusion and at times disagreement in making decisions at such a tender time.

The responsibility to carry out arrangements could be left to one person and may be challenging if it is verbal instruction. In cases of larger families, it may be that their interpretation of your choices may not be understood quite the same. This has led to the development of the final wishes.

I offer supportive help and assistance for family involvement, funeral arrangements and creating their personal send-off for a loved one.

May this give you peace of mind.

Personal Details:

This section covers the information required in a Notification of Death for Registration.

Full Name: _____

Name at Birth: if different from above _____

Preferred Name: _____

Honours or Award: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

If not born in NZ number of years lived here:

Ethnicity: _____ Iwi: _____

Organ Donor: Yes No

Name of Spouse/Partner: Marriage Civil Union De facto relationship

Place of marriage or civil union: _____ Date of marriage or civil union: _____

Doctors Name: _____

Medical Practice: _____

Family Details:

Children: Only the gender/age of each child are required.

(more space available on last page)

Name: _____ Name: _____

DOB: _____ DOB: _____

Contact: _____ Contact: _____

Name: _____ Name: _____

DOB: _____ DOB: _____

Contact: _____ Contact: _____

Parents: Or refer to my birth certificate attached

Fathers full name: _____

Father's occupation, profession or job: _____

Mothers full name at birth: _____

Mother's occupation, profession or job: _____

Other important family or friends: (more space available on last page)

Name: _____ Name: _____

Contact: _____ Contact: _____

Name: _____ Name: _____

Contact: _____ Contact: _____

Previous Relationship Details: Personal choice in filling in this information

Name: _____

Place of marriage or civil union: _____ Year: _____

Name: _____

Place of marriage or civil union: _____ Year: _____

Special Documents:

My will is located: _____ Lawyers name: _____

Executors of my Will:

Name: _____ Contact Details: _____

Name: _____ Contact Details: _____

Power of Attorney: _____

Advanced Medical Care Plan: _____

Notes to loved ones are kept: _____

Security or locked boxes: _____ Codes / Keys are held with: _____

Groups or Social Media:

Please notify this organisation or group I belong to: _____

Facebook: change to remembrance or delete Password: _____

Other: _____

Personal Choices:

A personal assistant that liaises with professional services for family.

Name: _____

Open or Private ceremony Open Private

Burial Cremation Memorial Service

Cemetery: _____

Plot at: _____ New Plot Single Plot Double Plot

I would like my ashes to be returned to family, scattered, buried or please state:

I prefer no service at all and would like immediate cremation or burial: Yes

My spiritual, religious, philosophical beliefs are important to me: Yes No

My choice of reference in worship: eg. God

Prayer or Blessing at the time of death: _____

Instructions: _____

In the days after my death I would like my body to stay:

At home Marae

At the funeral home Other _____

Funeral Director: _____ Company: _____

I prefer not to be embalmed (if possible):

I'd like to be washed, cared and dressed by: _____

I choose to be dressed in: _____

I wish to be placed in my casket: after I am dressed at a time closer to my send off

Special Instruction: _____

Type of Casket: Traditional Plywood Cardboard Wicker Felted wool

Other: _____

Flowers: Yes No Casket only

In Lieu of flowers please make a donation to/or: _____

Obituaries: Newspaper publication and names I wish to be included

Type of Headstone: _____

Headstone Inscription: (choices such as adding a one-line statement or photo)

Ceremony details:

I'd prefer a family-directed ceremony held at: Home Garden Chapel Church Graveside

Minister Celebrant: Non-religious Religious

Name: _____ Contact details: _____

Name of Church to hold the service: _____

Preferred transport: _____

Speakers:

Pall-bearers:

Favourite Hymns or Music

Poems or Readings

Special Tributes – someone to sing or play an instrument

Video or live telecast, photo board, power point, or some other form of visual remembrance on display during the service Yes No Maybe Family to decide

Other funerals I have attended, I liked...

If my option is a burial, then I would also like a committal service held at the grave side

Yes No Private/family only Family to decide

Further thoughts and ideas

Further additions of family and friends

I _____ hereby declare that the information completed above is a true record of my wishes on this date.

Signature: _____ Date: ___ / ___ / ____

(Optional)

Witness Signature: _____ Date: ___ / ___ / ____

Witness Name: _____ Relationship: _____