



Colin Fisher
FUNERAL DIRECTORS

Advanced Care Planning **My Personal Wishes**

NAME

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Advanced Care Planning

My Personal Wishes

Your Details

Section 1

Personal Wishes & Requirements

I may change my mind, but near the end of my life, I would like the following people to be involved: i.e. Family, Friend, Carer etc.

Name

Relationship

Home Phone

Work Phone

Mobile

Address

Post Code

I would like them to know I am dying and say my goodbyes

YES

NO

I would like them to be with me when my life draws to a close

YES

NO

Name

Relationship

Home Phone

Work Phone

Mobile

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I would like them to be with me when my life draws to a close

YES

NO

I would like the following to be around me (e.g. Photographs, Flowers, Mementos etc):

I would also like the following:

Music	
Hymns and/or Prayers	
Personal Contact	(e.g. Hand Holding)
Massage / Aromatherapy	
Personal Care	(e.g. Hair, Nails)
To leave my room	(e.g. visit my family, go into the garden or lounge)

I would like to wear the following:

In Bed	
Out of Bed	
When I have Visitors	

I would like my religious / spiritual wishes to be met by:

Section 2 Existing Arrangements

Have you made a Will?

If YES, please provide the name of your Executor(s):

If YES, please provide the name of your Solicitor/Will Writer

If NO, would you like further information on making a Will?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
Have you given somebody Power of Attorney to look after your Health & Welfare?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
Have you given somebody Power of Attorney to look after your Property & Financial Affairs?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
If NO, would you like further information about arranging Power of Attorney?	<input type="text" value="YES"/>	<input type="text" value="NO"/>

Do you have a pre-arranged Funeral Plan?

If YES, please provide details:

If NO, would you like further information on arranging a pre-arranged Funeral Plan?

If NO, my preferred Funeral Director is:

The Person I would like to arrange my funeral is:

Contact No:	Email:
<input type="text"/>	<input type="text"/>

Section 3

Should I not already have arranged my funeral, I would like the following

A traditional funeral

A Green Funeral

To be Buried or Cremated

Where would you like to be Buried/Cremated?

Cremated remains instructions

Flowers

Donations

Music

Hymns

Readings / Poems

To wear

To leave from

To take with me (e.g. Photo, book etc)

Section 4

Any other information:

Section 5

Your signature

Your Signature

Date

Witness Signature

Date

Witness Name