



**All in one
place**

How does this booklet work?

We know that death and dying can be a difficult topic to talk about, but it is also important to know and understand what your loved ones would like at the end of life. We also understand that when someone dies it can be overwhelming and stressful to arrange a funeral, find important documents and deal with practical matters.

This booklet aims to encourage conversations about dying and help keep all of your important information together.

Please note that what you record in this booklet is not legally binding, but once completed we recommend that you store it in a safe but accessible place, and that you inform people where they can find it in the event of your death. You can change the information in this booklet as and when you require.

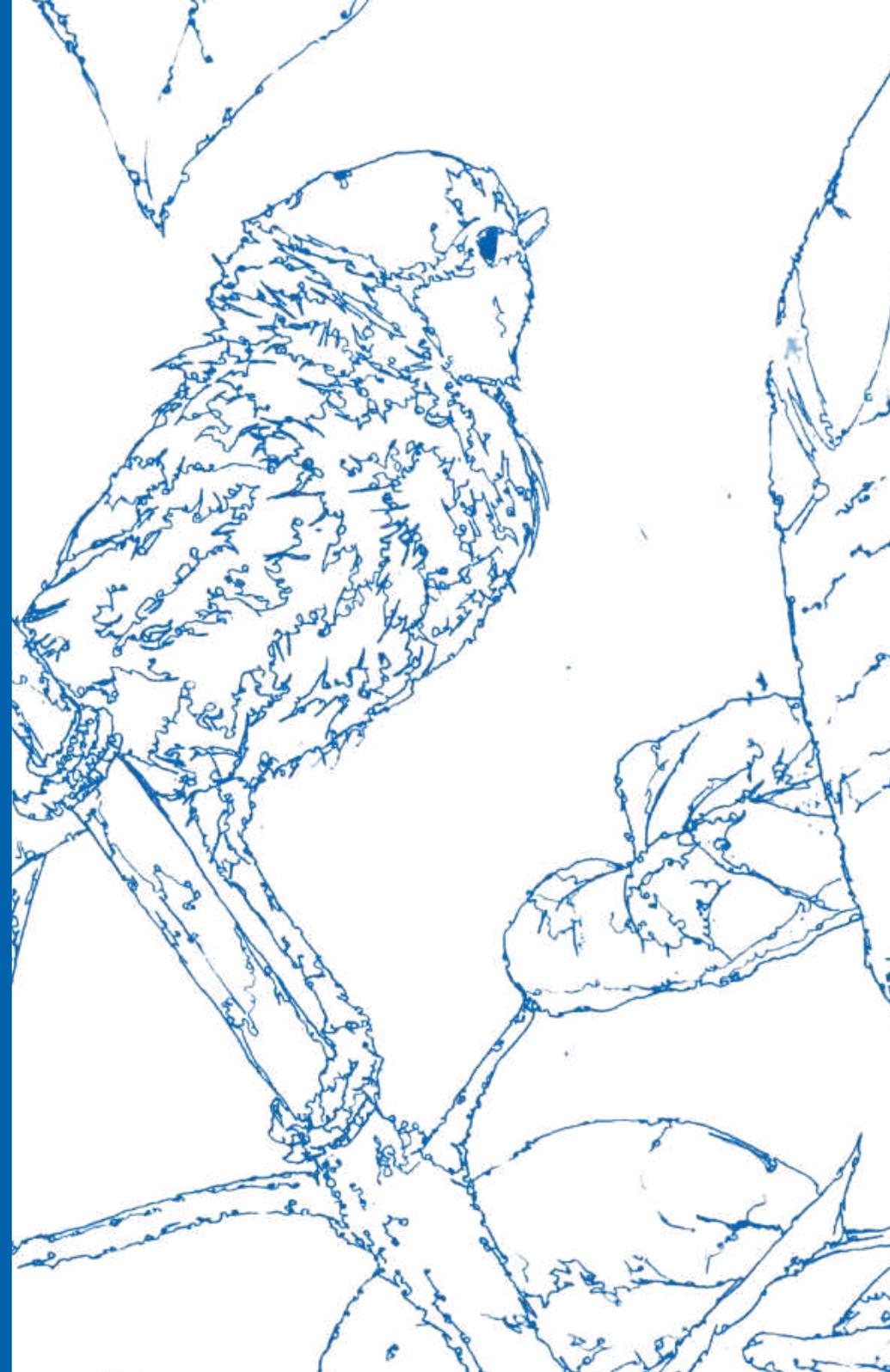
We appreciate that some parts of this booklet will be harder to fill in than others, so you do not need to complete it all in one go. It is important to give yourself some space and time to think about what you would like to write in this booklet and you can keep coming back to it to add or change details.

You may wish to complete this booklet by yourself, or with the assistance and input of friends and family members.

We hope that this booklet helps to give you some peace of mind. If you would like to record your choices and decisions for future care (advance care plan), please contact your GP, local hospice or professional involved in your care.

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My Personal Details

This section of the booklet allows you to record your personal details, including information about biological family members, your chosen family, close friends and pets. As information can change frequently, it is important to check that the correct details are included and kept up to date.



Full name: _____

Preferred name: _____

Preferred pronouns: _____

Address: _____

Mobile number: _____

Home telephone number: _____

Email: _____

Date of birth: _____

National Insurance number: _____

Medical Information

Are you taking any medication? Yes No (If yes, please provide further details below)

Name of medication:	Reason for taking:	Dosage:	Where it is stored:

Details of any illness or drug therapy that might affect emergency treatment: _____

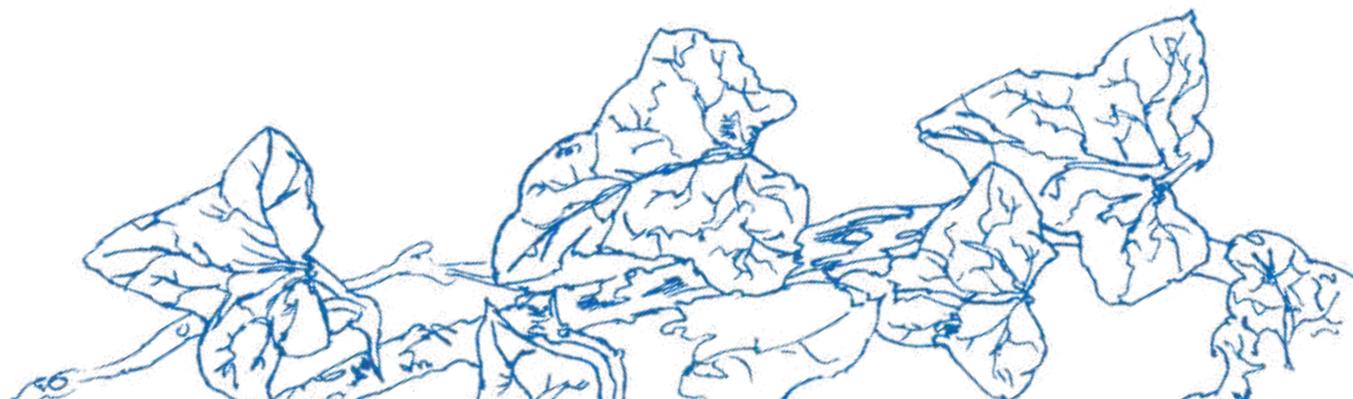
Do you have any allergies? Yes No (If yes, please provide details below)

Do you have a pacemaker or similar appliance fitted? Yes No (If yes, please list them below)

Are you a registered organ donor? Yes No

Please note that the law in England has changed. It is considered that you will agree to donate your organs when you die if you are over the age of 18, have not opted out, or are not in an excluded group.

Do you have an advance or future care plan or ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form? Yes No (If yes, where is the document kept?)



My Contacts

Spouse Partner Civil partner

Family member Friend

Next of kin

Full Name: _____

Relation to you: _____

Address: _____

Contact number: _____

Email: _____



Spouse Partner Civil partner

Family member Friend

Next of kin

Full Name: _____

Relation to you: _____

Address: _____

Contact number: _____

Email: _____

Spouse Partner Civil partner

Family member Friend

Next of kin

Full Name: _____

Relation to you: _____

Address: _____

Contact number: _____

Email: _____

Spouse Partner Civil partner

Family member Friend

Next of kin

Full Name: _____

Relation to you: _____

Address: _____

Contact number: _____

Email: _____

Spouse Partner Civil partner

Family member Friend

Next of kin

Full Name: _____

Relation to you: _____

Address: _____

Contact number: _____

Email: _____

Details of pet(s)

Name(s): _____

Breed(s): _____

Date(s) of birth: _____

Male / female: _____

Microchip number(s): _____

Vet details (name and telephone number):

Vaccination details are kept: _____

Pet insurance details are kept: _____

Any other information (e.g. dietary requirements):

After my death, I would like my pets to be cared for
as follows: _____

Throughout our lives we can connect with many people through work, social groups, hobbies, health services, places of worship and more. It is a good idea to have all of these contacts in one place to help your loved ones to find their details.



Key health contacts

These contacts can include doctors, pharmacists, district nurses, dentist, etc.

Type of contact: _____

Name: _____

Contact number: _____

Address: _____

Type of contact: _____

Name: _____

Contact number: _____

Address: _____

Type of contact: _____

Name: _____

Contact number: _____

Address: _____

Type of contact: _____

Name: _____

Contact number: _____

Address: _____

Work contacts

Relationship: _____

Name: _____

Contact number: _____

Email: _____

Address: _____

Relationship: _____

Name: _____

Contact number: _____

Email: _____

Address: _____



Club memberships

If you have any active club memberships, such as sport clubs, activity groups, group memberships, etc., please list them here.

Club / membership name: _____

Name of person to inform: _____

Contact number: _____

Address: _____

Details of membership (e.g. membership number):

Club / membership name: _____

Name of person to inform: _____

Contact number: _____

Address: _____

Details of membership (e.g. membership number):

Useful / other contacts

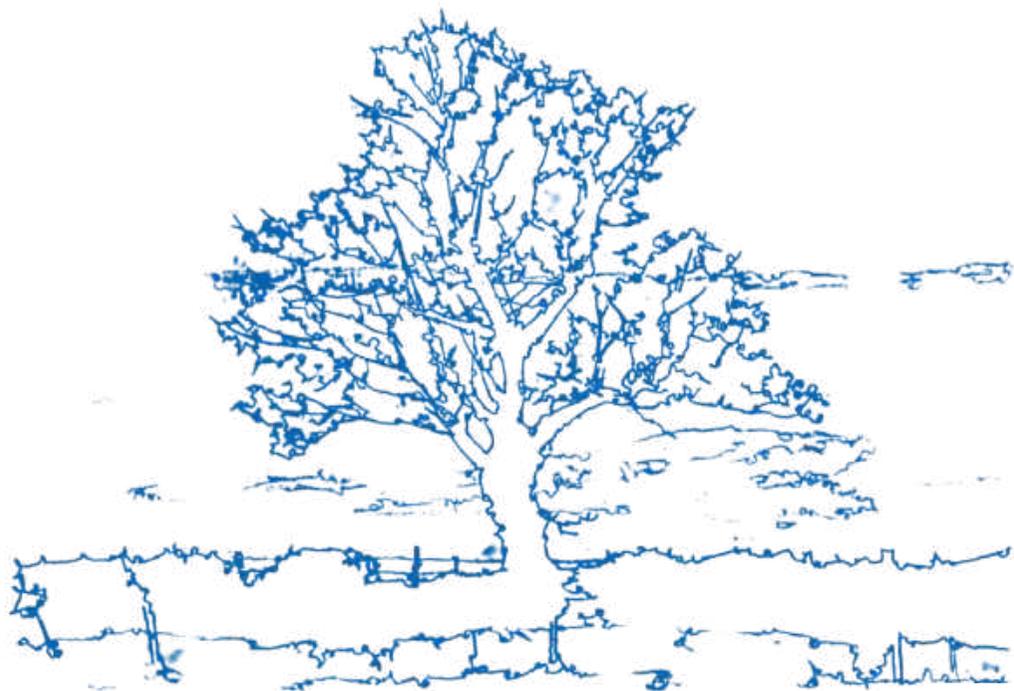
These contacts can include faith leaders, social groups or organisations, or local traders, such as a gardener or window cleaner.

Type of contact: _____

Name: _____

Contact number: _____

Address: _____



Type of contact: _____

Name: _____

Contact number: _____

Address: _____

Type of contact: _____

Name: _____

Contact number: _____

Address: _____

Type of contact: _____

Name: _____

Contact number: _____

Address: _____

Important Documents

There are many documents that you will gather throughout your life, and recording where you store these will be helpful to your loved ones when the time comes.



Who is your nominated or preferred person to locate your personal documents?

Name: _____

Contact details: _____

Document and location

Please tick the documents that you have, and provide information of where they can be found.

Birth certificate: _____

Gender recognition certificate: _____

Marriage / civil partnership certificate: _____

Deeds to your property: _____

Passport: _____

Driving licence: _____

- National Insurance card: _____
- TV licence: _____
- Medical Exemption card: _____
- NHS card: _____
- Right to remain / immigration documents: _____
- Any travel cards: _____
- Other: _____
- Other: _____



Do you have a pension?

Yes No

Company name: _____

Reference number: _____

Location of document: _____

Do you have a life insurance policy?

Yes No

Company name: _____

Policy number: _____

Location of document: _____

Do you have a Power of Attorney?

Yes No

Which type of Power of Attorney do you have?

Health and Welfare Property and Finance

Is the Power of Attorney registered? Yes No

Location of Power of Attorney: _____

Nominated attorney(s) / deputies: _____

Contact details of nominated attorney(s) / deputies:



Do you have a living will / advance decision, advance statement or directive? Yes No

Location of document: _____

Do you have a will? Yes No

Location of will: _____

Nominated executor(s): _____

Named Guardians: _____

Why write a will?

Writing a will removes any uncertainty for those left behind, giving you control over your affairs and ensuring your loved ones and chosen charities are cared for. Without a will expressing your wishes, a court will choose an administrator for your estate or, if needed, a guardian for minors. The court-appointed administrator will distribute your property according to the intestacy laws, regardless of any desires you may have expressed during your life.

Please note that significant life changes can affect your will. Please check it regularly and seek advice from a solicitor to ensure that it reflects your wishes.



Leaving a Gift in Your Will

Writing a will is a very important aspect of planning for the future, ensuring that your wishes are honoured and that your property and assets benefit those you care about.

Many individuals also choose to leave a charitable gift in their will. At The Mary Stevens Hospice, such gifts are vital for us to continue providing hospice care for our community. These contributions account for approximately 20% of our charitable costs, enabling us to offer essential care to patients and their loved ones now and in the future.

We strongly recommend consulting a qualified professional when making or amending your will. We collaborate with local solicitors and will writers to ensure that people's wishes are respected and properly carried out. We also have opportunities throughout the year to create or amend your will at a discounted rate.

If you need to create or update your will, or if you wish to leave a gift in your will, please visit our website or get in touch by contacting us on:

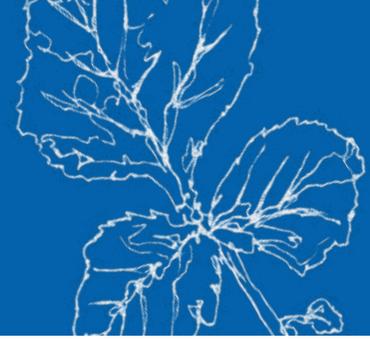
legacies@marystevenshospice.co.uk
01384 443010

We can help to guide you in the right direction.



Property and Possessions

You may have possessions that are valuable or sentimental that have paperwork attached to them. Please provide details of those possessions below.



Main property

Address: _____

Are you the: Owner Tenant

If you are the owner, do you have a mortgage? Yes No

If you are the owner, is there any equity release on the property? Yes No

If yes, please provide details: _____

How do you own the property? Sole owner Joint owner Tenants in common

If the property is a flat, is there a management company? Yes No

Please provide details of where any property documents are kept: _____

If you are a tenant:

Name of landlord or agent: _____

Contact details: _____

If you have a second property:

Address: _____

Mortgage details: _____

If a tenant is in place, please provide details:

If you use an agent to look after the property,

please provide details: _____

Home contents cover

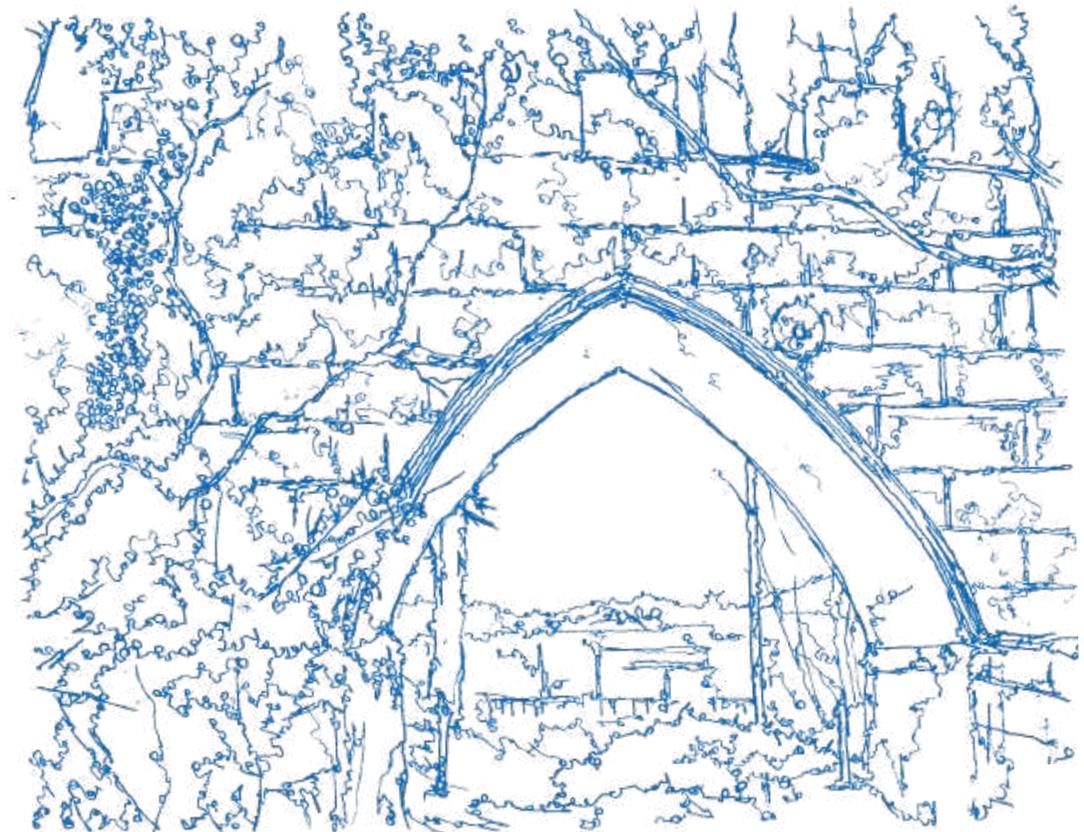
Organisation: _____

Policy number: _____

Building cover

Organisation: _____

Policy number: _____



Vehicle 1

Name of owner: _____

Make and model: _____

Registration number: _____

Is the vehicle: Owned outright
 On finance On another scheme, e.g. a mobility scheme or work scheme (Please provide details) _____

Vehicle documents location: _____

Motor insurance details:

Organisation: _____

Policy number: _____

Motor breakdown details:

Organisation: _____

Policy number: _____

Vehicle 2

Name of owner: _____

Make and model: _____

Registration number: _____

Is the vehicle: Owned outright
 On finance On another scheme, e.g. a mobility scheme or work scheme (Please provide details) _____

Vehicle documents location: _____

Motor insurance details:

Organisation: _____

Policy number: _____

Motor breakdown details:

Organisation: _____

Policy number: _____

Significant possessions

These items may be antiques, paintings, books, photographs, letters, etc. You may want to let people know where you would like these belongings to go. Please note, this is not a legally binding document and we recommend consulting with a solicitor to include any significant possessions in your will.

Items of sentimental value

Item: _____

What would you like to happen to the item?

Item: _____

What would you like to happen to the item?

Item: _____

What would you like to happen to the item?

Item: _____

What would you like to happen to the item?

Items with monetary value

Item: _____

What would you like to happen to the item?

Item: _____

What would you like to happen to the item?

Item: _____

What would you like to happen to the item?

Item: _____

What would you like to happen to the item?



Financial Details

This space can be used to consolidate your financial information in one place, to ensure your affairs are looked after in the event of your death.

IMPORTANT: Do not record any PIN numbers or security information of any kind within this booklet.



Organisation name: _____

Name of account holder: _____

Type: _____

Sole / joint account: _____

Card Cheque book Passbook

Organisation name: _____

Name of account holder: _____

Type: _____

Sole / joint account: _____

Card Cheque book Passbook

Organisation name: _____

Name of account holder: _____

Type: _____

Sole / joint account: _____

Card Cheque book Passbook

Organisation name: _____

Name of account holder: _____

Type: _____

Sole / joint account: _____

Card Cheque book Passbook

Utility and key suppliers

Utility	Supplier	Account number
Water		
Gas		
Electricity		
Telephone		
Mobile phone		
Internet		
Cable / satellite TV		
Council tax		
Other		
Other		

If there are any other subscriptions, direct debits or standing orders you may have, for example streaming services and music subscriptions, please provide details below.

Organisation: _____

Details: _____

Digital Assets

More than ever, our memories are now online as we spend more time on our phones, social media and apps. It is important for your loved ones to know what you would like to happen to your digital assets after you have died. For example, do you want your social media accounts closed, or would you like a memorial page? How can they access and download photos or cancel any subscriptions?

The Digital Legacy Association have developed a social media will template which you can find here: www.digitallegacyassociation.org/social-media-will-template/

This is free to download and you can include further information of your online accounts. It also has information on social media guides and how you can deactivate or memorialise your social media.

Which digital assets do you have? (Please tick)

- | | |
|---|--|
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Gaming accounts |
| <input type="checkbox"/> Phone | <input type="checkbox"/> eCommerce / selling sites (Vinted / Depop / Etsy) |
| <input type="checkbox"/> Tablet | <input type="checkbox"/> Pinterest |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Photoshop |
| <input type="checkbox"/> Facebook (including Messenger) | <input type="checkbox"/> Google Drive |
| <input type="checkbox"/> Snapchat | <input type="checkbox"/> iCloud |
| <input type="checkbox"/> TikTok | <input type="checkbox"/> Spotify |
| <input type="checkbox"/> X | <input type="checkbox"/> Netflix |
| <input type="checkbox"/> WhatsApp | <input type="checkbox"/> Amazon Prime |
| <input type="checkbox"/> Gmail | <input type="checkbox"/> Own website or personal blog |
| <input type="checkbox"/> Outlook | <input type="checkbox"/> Work associated devices |
| <input type="checkbox"/> Paypal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Betting accounts | <input type="checkbox"/> Other: _____ |



When listing information here, please ensure that email addresses are associated with the account.

Account: _____

Username: _____

Email: _____

Password: _____

Two-factor authentication: _____

Account: _____

Username: _____

Email: _____

Password: _____

Two-factor authentication: _____

Account: _____

Username: _____

Email: _____

Password: _____

Two-factor authentication: _____

Account: _____

Username: _____

Email: _____

Password: _____

Two-factor authentication: _____

Account: _____

Username: _____

Email: _____

Password: _____

Two-factor authentication: _____

Account: _____

Username: _____

Email: _____

Password: _____

Two-factor authentication: _____

Funeral Wishes

It is important to complete this section so that your wishes are known when you die. If you are unsure about anything, you can always come back to it at a later date. Sharing as much information as possible about your wishes now can help your loved ones in the future.



I am outlining my wishes in this book

I have already outlined my wishes for my funeral, which can be found: _____

Funeral plans

Do you have a pre-paid funeral plan? Yes No

If yes, the provider is: _____

My plan number: _____

I have a funeral insurance scheme with: _____

My preferred funeral director is: _____

I don't have a funeral plan but I would like the following funeral directors to be used:

Name: _____

Contact details: _____

My funeral service

Would you like a funeral service? Yes No

Would you like a committal at the graveside or crematorium? Yes No

I would like my service to be held at the following location: _____

Cultural or religious requirements / spiritual belief or philosophy: _____

I would like my death to be announced through the following publications or platforms: _____

I have no preference to how my death is announced:

I do not wish to have a death announcement:

I would like a: Coffin Casket Shroud Other: _____

I would like it to be made from (e.g. wicker, cardboard, traditional wood, felt, other): _____

I would not want to spend more than £_____ on my coffin / casket / shroud.

I wish my funeral service to be biological family only: Yes No

I wish my funeral service to be biological family, chosen family and friends only: Yes No

I wish my funeral to be open to all: Yes No

If not, I would like it to be open to: _____

I do not want the following people to attend: _____

I would like orders of service produced: Yes No

If yes, I would like the following to be included (e.g. certain photographs): _____

I would like my service to be led by: Faith leader Independent celebrant Family friends

Other _____

I would like floral tributes: Yes No

If yes, my preferred flowers are: _____

I would like donations made in my memory: Yes No

If yes, please send donations to: _____

I would like the funeral cortege to consist of the following transport: _____

I wish for the cortege to start from and go via (the place you would like to go one last time): _____

I would like the funeral directors to provide bearers: Yes No

If no, I would like the following to be bearers of my coffin (if they would like or are able to): _____

If they feel comfortable, I would like my eulogy about my life to be given by: _____

I would like to write my own eulogy:

Yes No

If yes, this can be found: _____

The music and / or hymns I would like to include are: _____

The readings, poems and / or prayers I would like to include are: _____

I would like a wake / gathering afterwards:

Yes No

If yes, I would like it to be held at: _____

Additional information about my funeral (i.e. bright colours to be worn, black only to be worn):

Burial

I would like an attended burial (this is attended by mourners, usually at a service location): Yes No

I would like a unattended burial (this is a burial with no service or mourners): Yes No

I would like an alternate burial (e.g. woodland burial): Yes No

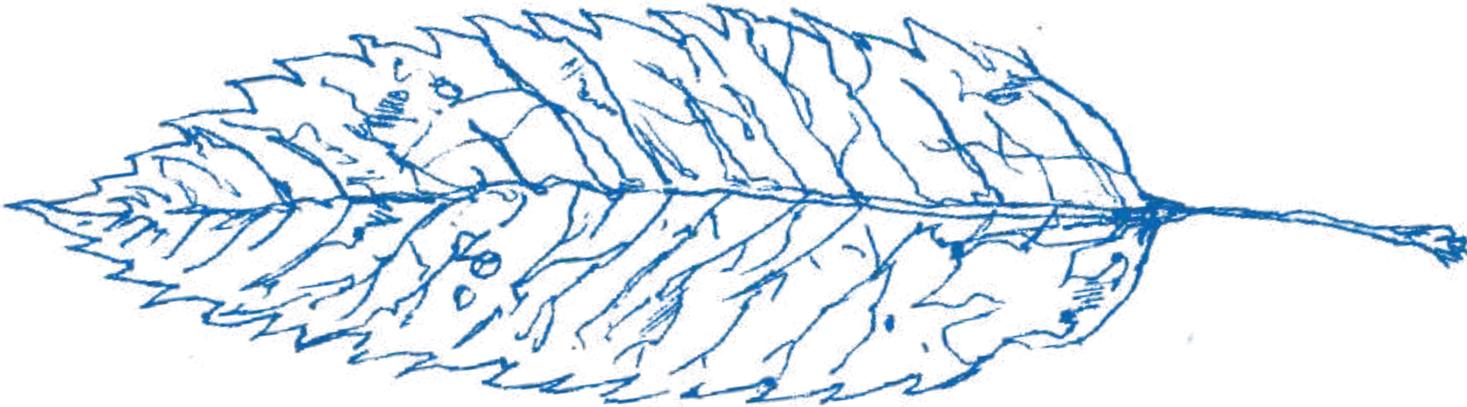
If yes, please give details: _____

I have an existing burial plot at: _____

The details can be found: _____

I have not got an existing burial plot but I would like to be buried: _____

I would like a memorial stone with the following words: _____



Cremation

I would like an attended cremation (this is a funeral service usually led by a funeral officiant with mourners present): Yes No

I would like a direct / unattended cremation (this is a cremation with no service, mourners or ceremony):
 Yes No

I would like my ashes in a: Casket Scatter tube Urn

I would like my ashes to be buried: Yes No

I would like my ashes to be scattered: Yes No

If yes, I would like my ashes to be buried or scattered at the following location(s): _____

If no, I request the following to happen to my ashes: _____

I would like another type of commemoration (e.g. a bench, tree planted, memorial jewellery, fireworks, etc.):

Medical science

If you have planned to donate your body for medical science, please include details here:

Organisation: _____

Contact details: _____

If your body is not eligible for donation to medical science, please give details of your preferred option here:

Preparation of my body

I wish my body to be embalmed: Yes No

I wish to wear my own clothes: Yes No

If yes, I would like to wear: _____

I would like my make up done: Yes No

I would like my hair done: Yes No

If yes, I have enclosed a photo showing how I like it: Yes No

I give permission for my body to be viewed to pay respects: Yes No

I do not want the following people to view me: _____

Rites and rituals

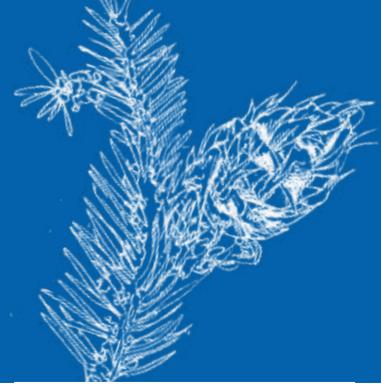
Please use this space to provide information about any rites or rituals that you wish to be followed at the end of your life:

Please use this space to provide information about any other wishes that are not covered above:



Final Wishes

There may be other messages that you want to leave for your loved ones, such as memories or a final message. Sometimes it is easier to write these down or to leave a recording or video message. They may provide great comfort to your loved ones when you have died.



If you have, or decide to, leave a message, please leave details below of where it can be found:

Signature

This is not a legally binding document, but you may like to sign it and have someone witness it to show that you have completed your wishes yourself.

Signature: _____

Name printed: _____

Date: _____

Witnessed by the undersigned (who does not benefit from my will):

Signature: _____

Name printed: _____

Date: _____

Contact number: _____

About The Mary Stevens Hospice

Care - Compassion - Kindness



At The Mary Stevens Hospice, we are here to help you, your family, friends and carers make the most of every moment, with the support and care you need, every step of the way.

We provide care at our 10-bed Inpatient Unit and our Day Services Unit based in Stourbridge to those within the Dudley borough, the Black Country and surrounding areas who need palliative or end of life care. We also provide services such as bereavement support, social work and spiritual care.

When it comes to our services, we always keep three things in mind - care, compassion and kindness. Our care is holistic, supportive and aims to relieve symptoms, improve quality of life and maintain dignity.

Funding

It costs £4.2million a year to run our services, which is provided free of charge to those who need it. However we only receive 16% of this funding from the government. The rest is funded by the generosity of our wonderful community to ensure we can continue to provide vital care in the local area.

Support us

If you would like to find out more about our care, the services we provide or how you can support us, scan the QR code or contact us at:

www.marystevenshospice.co.uk

Tel: 01384 443 010

info@marystevenshospice.co.uk

Visit our website





Main reception / Day Services:

01384 443010

Bereavement Services:

01384 445423

Fundraising:

01384 377778

Lottery:

01384 860011

Trading (shops):

01384 671149

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