



WISHES FOR MY
End of Life Ceremony



WISHES FOR MY *End of Life Ceremony*

This document has been prepared to encourage you to think about what you want to happen when you die.

Please complete it and leave it with family and/or with your Will but do not staple it to the will.

Step 1 Start thinking and planning now.

Think about what type of funeral you want to have, and how you would like your earthly journey to be honoured.

Step 2 Complete the following questionnaire;

My name _____

My next of kin is _____

Name of the person to authorise and carry out my wishes when I die _____

_____ Contact number _____

Who would you like to be notified upon your death and how will they be notified/located? _____

I am an organ donor Yes ☐ No ☐

I have arranged for my body to be donated for scientific research Yes ☐ No ☐

I have appointed an Enduring Power of Attorney Yes ☐ No ☐

I have an Advance Health Directive Yes ☐ No ☐

I have a pre-paid funeral plan with _____

My Funeral Director/Company of choice (if any) _____

Type of coffin/casket (pls specify if you prefer a specific budget)

(\$1000 - \$1500) ☐ (\$1500 - \$2000) ☐ (\$2000 - \$3000) ☐ \$3000 + ☐ No preference ☐

Burial/Cremation I wish to be Buried ☐ Cremated ☐ Burial Vault ☐ No preference ☐

Natural Burial Yes ☐ No ☐ No preference ☐ See further information about Natural Burial:

www.mcb.wa.gov.au www.giftofgrace.com.au www.serendipitycoffins.com.au

I have purchased Pre need grave/cremation Yes ☐ No ☐

Crypt Yes ☐ No ☐ Memorialisation location (wall niche, rose garden?) Yes ☐ No ☐

If yes, location of deed/receipt? _____

Preferred Cemetery/Crematorium _____

Embalming Yes ☐ No ☐ No preference ☐

Dress I wish to be dressed in _____ No preference ☐

Viewing My body may be viewed Yes ☐ No ☐ No preference ☐

Do you wish your funeral to be Public ☐ Private ☐

Do you prefer Direct cremation (no service no attendance) Yes ☐ No ☐

Private Burial Yes ☐ No ☐ Memorial Service Yes ☐ No ☐

The memorial service to be held at _____

Conductor of Ceremony I would like *(insert name)* _____
to conduct my End of Life Ceremony *(Clergy, Civil Celebrant, family member, friend)*

Civil Ceremony/Religion Civil ceremony OR My religious /spiritual belief/philosophy which is _____

Location Graveside ☐ Crematorium ☐ Chapel/Church ☐ My home ☐ A favourite park or venue ☐

Flowers Yes ☐ No flowers ☐ Donation to charity *(pls specify charity)* ☐ _____

Music My choices are _____

What readings, poems, hymns would you like _____

Pall Bearers I wish to nominate pall bearers Yes ☐ No ☐ No preference ☐

Names _____

Special people I would like involved, possibly as speakers _____

How would you like to be remembered – are there any special considerations?
eg, war veteran, community service /advocate _____

I would like to provide mourning stationery *(Service booklets, bookmarks, thank you cards)*
Yes ☐ No ☐ No preference ☐

Further suggestions for personalisation

Ritual ☐ Pictorial (photo) tribute ☐ Newspaper Notices/Social Media ☐ Pets ☐ Filming of Service ☐
Memorial Signage Book ☐ Memorial Reflection Tree of Love ☐ Memory Seeds ☐
Display photos & Memorabilia ☐ Live music/Musician ☐ Guard of Honour ☐

Wake My suggestion for location of the wake is _____

Ashes After cremation I wish my ashes to be; _____

Scattered by my loved ones _____

Buried or memorialised in/with _____

Retained by family _____

No preference/Other _____

Step 3

Sign and date this document if you wish, and leave it with your Will or with a family member in a safe place.

My signature _____ Date _____

This document was prepared by Stacey Farmer, director Gift of Grace Funerals

May it encourage greater communication within families and community about planning for our end of life celebration.



GIFT *of* GRACE

YOUR WISHES, YOUR WAY

1300 856 862

www.giftofgrace.com.au