



GIFT *of* GRACE
FUNERALS

your wishes, your way

WISHES FOR MY
End of Life Ceremony



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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.



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