



INFO FOR YOUR LOVED ONES

This is a **GIFT** for your loved ones. It is a place to gather important information and have it all in one place. Is designed to go along with your will and other important planning documents.

PERSONAL DATA

Full legal name (first, middle, last) _____
Birth date (month, day, year) _____
City, Province/State, Country of birth _____
Location of birth certificate _____
Citizenship _____
Passport information: Country _____ Number _____
Location of passport(s)/Citizenship papers _____
Current address _____
Marital status _____ Name of Partner(s) _____
Children _____
Pets _____

GOVERNMENT IDENTIFICATION

Social Insurance Number _____
Location of card _____
Medical Care Card (MSP) number _____
Location of card _____
Aboriginal Status/Band/Registration number _____
Location of document _____
Veterans Affairs number _____
Location of document _____

Military Service

Position _____
Dates from _____ to _____
Military Identification Number _____
Military Benefits currently being received _____

IMPORTANT ADVISORS

Name	Phone	Email
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Lawyer _____
 Executor of Will _____
 Accountant _____
 Stock Broker/Investment advisor _____
 Spiritual/Religious Advisor(s) _____

IMPORTANT MEDICAL PROFESSIONALS

	Name	Phone	Email
Primary Doctor	_____	_____	_____
Medical Specialist	_____	_____	_____
Dentist	_____	_____	_____
Optometrist	_____	_____	_____
Hearing Aid Specialist	_____	_____	_____
Other	_____	_____	_____

IMPORTANT PEOPLE TO NOTIFY IN THE EVENT OF A SERIOUS ILLNESS/INJURY/MY DEATH

	Name	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH/MEDICAL INFORMATION

Have you developed an Advanced Directive and/or Representation Agreement (RA)? _____
 Location _____

If you haven't filled out an RA, is there someone you want involved in medical decisions?

Have you created a No-CPR order (now called MOST...formerly known as DNR) with your doctor?

Location _____

(Put these documents either on your fridge or in a Ziploc in your freezer)

LEGAL INFORMATION

Executor (Name/Phone/Email) _____

Location of Will _____

Who has your power of attorney and who is your named representative? (Name/Phone)

Name: _____ Phone: _____

Your Attorney/Lawyer: Name: _____ Phone: _____

Write directions for how you want your personal effects dispersed separate from your will.

Location of these directions _____

POST-DEATH WISHES

Have you registered to donate your organs/body? Where? What organization? And who knows about your wishes?

If you are to be buried, do you want any measures taken to preserve your body (embalming, etc.)?

Yes _____ No _____

Do you want a traditional burial with a solid wood and steel casket buried six feet underground surrounded by cement? Yes _____ No _____

Do you want a "green" burial with a biodegradable container or shroud buried closer to the surface and no cement and no embalming? Yes _____ No _____

Do you want a marker? Yes _____ No _____. If yes, what do you want your headstone/grave-marker to look like and what do you want it to say? Describe in detail below.

Where do you want your remains to be buried? Do you have money set aside for this? Where is it and who has access? _____

If you are to be cremated, what do you want done with your cremains? Who knows about this and can carry out your wishes? _____

If you do not wish to be buried or cremated, what do you want done with your remains following death? Who knows your wishes and can carry them out? _____

What kind of ceremony, service, wake, or gathering do you want? Do you want a pastor, registered celebrant, or someone else specific to oversee the event? Do you want a ceremony in a church, funeral home, or other location? Do you want a home funeral? Have you written a final farewell to be read aloud? Where is it? Are there certain people you want to attend? Is there special music you want to be played or a special quotation you would like to be read aloud? Are there photos you want shown? Where are they? Have you set aside funds for this event? Where are they and who has access to them? Write down any other important details here.

Have you written your own obituary? If yes, where is it located _____
If no, is there someone you wish to write it?
Name _____ Phone/ Email _____

Do you have any favourite charities to which you would like a donation to be made in your honour/memory? Yes _____ No _____
Organization/Phone number / Website _____

What do you want to happen to your pets when you die? Who will take care of them? Have you set aside money for their care?

Date _____ **Signed** _____