



Selsdon & District  
FUNERAL SERVICE

# Advanced Care Planning **My Personal Wishes**

NAME

Selsdon & District Funeral Service,  
204 Addington Road, Selsdon,  
CR2 8LD

**020 8657 0030**

[www.selsdonfuneraldirectors.co.uk](http://www.selsdonfuneraldirectors.co.uk)

# Advanced Care Planning

## My Personal Wishes

### Your Details

Name

Date of Birth

### Section 1

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

Mobile

Address

1

Post Code

Work Phone

**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

Mobile

Address

2

Post Code

Work Phone

**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

Mobile

Address

3

Post Code

Work Phone

**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

Mobile

Address

4

Post Code

Work Phone

**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

**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**


<b>If NO, would you like further information on making a Will?</b>	<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"/>
<b>If NO, would you like further information about arranging Power of Attorney?</b>	<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:

**Selsdon & District**

**204 Addington Road, South Croydon, CR2 8LD**

**Tel: 020 8657 0030**

The Person I would like to arrange my funeral is:

Contact No:

Email:

### 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