

## MY FINAL WISHES JOURNAL

Please use this journal to record the information you feel will be helpful to those responsible for taking care of your funeral and other things when you've gone. But use it as a guide - only provide answers to those things that are relevant for you, and add in your own thoughts if anything in here prompts you to remember something else that's important (and attach your own pages where necessary).

It's wise to check and update this journal every year or two, and if you do change anything make sure you give a new copy to the appropriate people (see back page for checklist).

Date of this journal:
Full (legal) name:
Preferred name:
Maiden or any other name(s):
Address:
Phone number(s):
Email address(es):
Date and place of birth:
Marital/relationship status:
Full name of spouse/partner:
Details of children/legal dependants:

Details of grandchildren/great-grandchildren:	
Date of marriage/civil union/de facto marriage relationship:	
Name of ex-spouse(s) (if applicable):	
Date of separation/divorce (if applicable):	
List any known legal obligations (created by divorce or separation):	
Parents, siblings names, dates of birth (and death if applicable), contact details:	
Last or main occupation:	
Pet details and instructions (if applicable):	

## **MY REMEMBRANCE CHOICES**

Details of where I'd like my funeral/wake/tangi/memorial service to be held:
Who I'd like to officiate or lead:
Who I'd like to speak:
Names of pallbearers:
Please include the following music/hymns:
Please include the following readings/prayers:
My preferred funeral director:
My clothing preferences for viewing/burial/cremation:

I'd like my body to be: Buried Cremated
Other (e.g. medical research):
Details of burial or memorial plot (if applicable):
My casket preference:
If people want to give something in remembrance, I'd prefer:
Flowers Donations
If flowers, type/colours:
If donations, to whom:
Other comments/instructions regarding my funeral/final arrangements:

## **DETAILS OF WILL AND KEY PEOPLE**

Location of my Will:		
Name(s) of my executor(s):		
Details of current Powers of Attorney in operation:		
Lawyer/solicitor:		
Accountant:		
Financial advisor:		
Insurance advisor:		
General Practitioner (doctor):		
Other medical professional(s):		
Details of key people to be contacted at the time of my death:		
Details of life insurance, or any other policies that may include a death benefit:		

## KEY DOCUMENTS, ASSETS and LIABILITIES

Use these tables as a checklist of items that apply to you and include some key details about the item and where it's located.

Birth certificate
Marriage certificate
Driver's licence
Passport
Vehicle(s) ownership
House certificate of title
Insurance policies
Other property or assets
KiwiSaver, superannuation
Bank accounts credit & debit cards
Automatic payments

Stocks and Shares
Mortgages, loans, other debt (incl tax)
Other investments or cash
Valuables (jewellery, art etc)
Miscellaneous

Obituary space (add extra pages as	needed) for notes of key points from my life:
Keep a current copy of this jou	urnal with your other important documents
It's a good idea to make sure key pe	cople listed have a copy too or know where to
and this journal so they can easily loromptly. Record below anyone you	ocate documents and take care of things
orompay. Record below anyone you	a win give a copy to.
Spouse/family member	Accountant
Executor(s) of Will	Insurance/financial advisor
Lawyer/solicitor	Other
not a replacement for professiona	nature and is intended to be a helpful guide. It is al services or advice. If you have any doubts or such as legal accounting insurance, financial

taxation, wills, bequests or any other matters that may affect you and your estate, please seek advice from the appropriate professionals.



We are happy to provide complimentary copies of this journal.

For additional copies, please get in touch with us at:

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