

PRACTICAL INFORMATION IDEAS FOR PUTTING OUR AFFAIRS IN ORDER



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PERSONAL INFORMATION

Date: **Review date of Information:**

Name:

Maiden Name (if applicable)

Date of Birth:

Address:

Telephone number:

Mobile number:

Email address:

Next of Kin and contact details:

Names, addresses, phone numbers and email addresses of:

Family members:

Dependants:

Friends:

Pets and their care:

Other:



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MEDICAL INFORMATION

Name, address and phone numbers of:

- a) Family doctor
- b) Dentist
- c) Pharmacist
- d) Consultant
- e) Optician
- f) Other

NHS number:

Medical conditions and any medication being taken, medical conditions and allergies:

Emergency information can be kept in a container in the fridge including where medication is kept, and a note indicating this can be posted on the inside of the door that leads to the outside.

Lasting Power of Attorney for Welfare:

Name:

Phone number:

Email address:

Postal address:

Living Will if applicable:

Medical wishes to consider:

Consider the environment: TV on: Quiet Space: Spiritual friends present: etc

Resuscitation:

Antibiotics:

PEG feeding:

Organ donation:

If there was a life threatening situation or I had just died please let the following know:

Where you wish to die:



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DOCUMENTS

A) WILL IN PLACE – See Ringu Tulku Rinpoche’s advice on making a Will under Suggestions section of this website.

Where the Will is safely kept:

Name of Solicitor/Lawyer:

Address and contact details:

Lasting Power of Attorneys and Land Registry information Documents:

Trustees of Will:

Names, addresses, email, and phone numbers of the Trustees:

Lasting Power of Attorneys for Property and Finance: Names, addresses and contact details.

Lasting Power of Attorney for Welfare: Names, addresses and contact details:

Spiritual leaders contact details:

Living Will information if applicable:

Funeral Arrangements where kept:



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FINANCE

National Insurance Number:

Bank Accounts:

Names and contact information for all bank and credit card accounts:

Financial advisor: Name and contact information:

Mortgage: Name and contact details of provider:

Insurances – Names, contact details and account numbers of:

House insurance:

Home contents insurance:

Travel insurance:

Pet insurance:

Car insurance:

Motor breakdown insurance:

Life insurance:

Pensions: Names and contact details of pension providers:

Standing orders/Direct Debit accounts:

State benefit: Name and contact details:

Other:



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UTILITY SUPPLIERS:

Names and contact details with account numbers:

Council Tax:

Gas supplier:

Electricity supplier:

Water and sewage supplier:

House insurance:

Contents insurance:

Internet provider:

Telephone provider:

Other providers/suppliers:



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CERTIFICATES, LICENCES, DEEDS ETC and where they are safely located

Birth Certificate:

Marriage Certificate if applicable:

Passport number:

Driving Licence number:

Bus Pass number: (if applicable)

Television licence:

Deeds to any property:

ID for computers and iphones and tablets:

NHS card:

Other:



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POSSESSIONS

This may help to record and help others when who later have to manage your affairs.

Suggestions for recording with maybe separate photographic evidence:

Antiques and to whom you wish them to go to:

Paintings and to whom you wish them to go to:

Photographs and to whom you wish them to go to:

Jewellery and to whom you wish the items to go to:

Books and to whom you wish them to go to:

Sacred objects and to whom you wish them to go to:

Sentimental items and to whom you wish them to go to:

Furniture and crockery and glassware and to whom you wish them to go to:

Property that you own and to whom you wish it to go to:

Other:



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FUNERAL ARRANGEMENTS

Prepaid funeral:

If so where details are stored:

Where I would like my body to rest:

Cremation:

or

Burial: **If yes, have you bought a plot of land. Details needed if so**

Type of service:

Religious/spiritual/or no service:

Music:

Songs:

Readings:

Flowers:

Charity requests:

Letters/ messages recorded prior to death to give to people:

Type of Coffin:

Prayer requests:

After the funeral I wish my friends and family meet and

Where I would like my ashes scattered:

Who I would like to scatter my ashes:

Memorial:

Other wishes: