

Don't
Duck
the
Conversation

It's one of the most important talks you'll ever have



A Personal Planning Guide

We can help you get your ducks in a row

Don't Duck the Conversation

A Personal Planning Guide

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Don't Duck the Conversation

Please note, links to websites in this online guide are italicized and underlined. Clicking on the link will take you to the website, where you will find additional information about the topic.

Don't Duck The Conversation is an initiative created by Hospice Northwest in Thunder Bay, Ontario that was created as a tool to help individuals and their families prepare in advance for the inevitable time when their lives will end.

The *Don't Duck the Conversation* guide was designed to be a companion piece to Advance Care Planning tools such as the [Ontario Speak Up Campaign](#), hosted by *Hospice Palliative Care Ontario*. **Advance Care Planning** is the process of reflecting on and then communicating your future health and personal care wishes. It is also about understanding who your Substitute Decision Maker (SDM) would be. Your SDM is someone who will speak for you if you are mentally incapable of speaking for yourself.

Our *Don't Duck the Conversation* guide focuses on gathering additional personal information about yourself, the care of your family and friends and your possessions, as well as helping you prepare your own obituary and funeral arrangements.

For more information about Advance Care Planning or about the programs and services we offer, please visit [Hospice Northwest's website](#) or call us at (807) 626-5570.

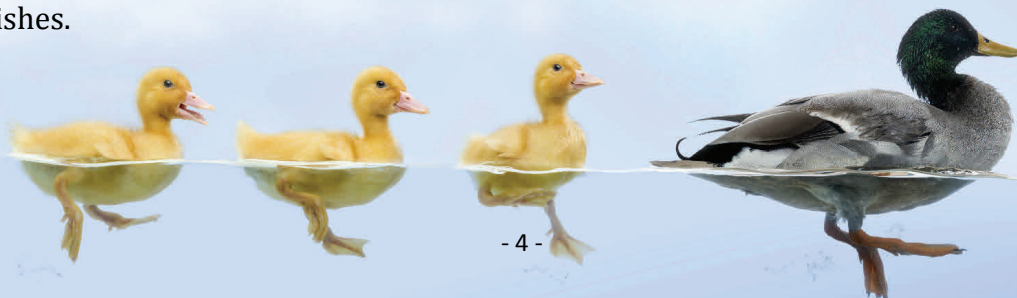
How do I get my ducks in a row?

Ok, so there is a lot to consider. While you may have hopes of one day getting all of your future planning sorted out, the thought of doing it now can seem overwhelming and perhaps you're feeling that now is simply not the right time. With this in mind, we've designed our guide to be completed at your own pace. You can save your answers as you go, and come back to them at any time. We've also organized the document into individual topics so that you can complete the particular sections that meet your needs. This way, you can sort out your important information *one duck at a time*, at a pace that feels comfortable and manageable for you.

What are the benefits of planning in advance?

Even though we all know that our life will end, death and dying can be an uncomfortable topic that most of us find very difficult to discuss. Sometimes it may feel easier to duck the conversation all together. But the truth is that making arrangements and talking about your wishes with those who matter to you can actually ease your discomfort.

Being prepared and having your affairs in order before a crisis happens will make things easier for you and your family. You will feel comforted, knowing that you have clearly expressed the things that are important to you. Your family members and friends will also be relieved, knowing that they now have the information necessary to be able to honour your final wishes.

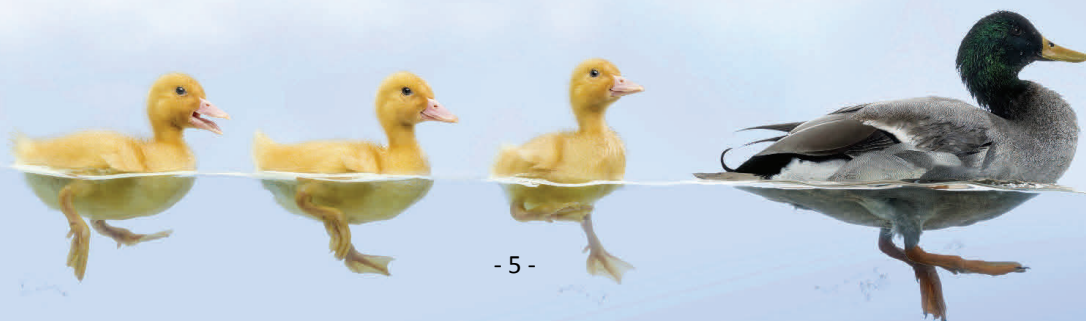


Discussing your wishes regarding your funeral arrangements, your possessions, the care of your dependents, and your future health and personal care may be some of the most important conversations that you will ever have.

Having conversations about your wishes is important throughout your life's journey, especially:

- ♦ If you are 16 years of age or older
- ♦ If you would like to be able to provide input regarding your future health and personal care preferences
- ♦ If you are diagnosed with a life-limiting or chronic illness, or have a family history of illness
- ♦ Before major hospital visits or surgeries
- ♦ Around significant life events or changes such as graduation, marriage, separation, divorce or moving to a new place
- ♦ After the birth of a child or the death of a friend or relative
- ♦ If you have children or are taking care of any dependents, including pets
- ♦ Before going on vacation
- ♦ If you would like to offer comfort and peace of mind to your family & friends
- ♦ If you would like to bring comfort and peace of mind to yourself, knowing that all your affairs are in order (healthcare, legal, financial, etc.)
- ♦ If you have specific or unique preferences regarding how you want to be remembered by your family and friends and community
- ♦ If you would like the opportunity to share your life story with others
- ♦ If you would like to be involved in the writing of your obituary, eulogy, and/or epitaph so as to have some input in what your story says about you
- ♦ If you would like to be involved in making decisions about your funeral and cemetery arrangements
- ♦ If you would like to decide who will be notified of your death and who will be provided with information about your memorial service

It's never too early to begin getting your ducks in a row!



So how do I begin the process?

A good place to begin is by taking some time to learn why having a conversation about your future wishes is important for you and your family and friends. Learn from others and reflect on your own needs, values and beliefs. Imagine yourself at a time when you are unable to speak for yourself, and consider the things that you would and would not like to happen. It may also be helpful to consider a person you know who has died and reflect on his or her experience at end-of-life, as well as the experience of that person's family and friends. Use these recollections to help determine your own preferences.

Find the courage to ask questions and to express what you want. Invite your family and friends to be a part of the conversation and with their help, plan and communicate your wishes as clearly as you can.

Perhaps most important is to begin by knowing that engaging in advance care planning is not an activity that can be wrapped up in one sitting. It will take time and contemplation to complete. Allow yourself the space to pause and reflect.

Continue having conversations with those who matter to you about what's important to you. Let the conversations evolve in their own way, little by little. Give yourself permission to accept that even though you might not be able to prepare for everything, taking the time to prepare even a little bit can bring some peace of mind to you and your family and friends and may even create more closeness in your relationships.

Not only are you helping to make sure your wishes are followed at the end of your life, having the conversation with those who matter to you opens the door for others to consider their own wishes and helps to create a culture where we bring death back into the conversation about life.

By looking at Hospice Northwest's *Don't Duck The Conversation: A Personal Planning Guide*, you've already begun the journey. We've provided a list of important resources for you to read which are listed in the section of our guide titled [Resources](#). If you are concerned about your readiness to begin this process, please take a look at our [Getting Started Survey](#), where you will find some questions and answers to help guide you.

Are there any barriers in the way of completing your personal planning?

While most people acknowledge that planning and talking with their family and friends about their future wishes is important, few people have actually done so. One of the reasons for this is because the thought of getting started may feel so overwhelming that you decide to put these discussions on the shelf to revisit at a later time.

If this is happening to you, it's important to figure out what's in the way of getting started. Recognizing the potential barriers that may be stopping you from completing this guide will help you to determine what you need to sort out before you feel ready to begin.

Getting Started Survey

So you've got some things to sort out first...1, 2, 3...

Here are some questions that you might like to consider if you're having difficulty getting started. If you wish, you can quietly contemplate these questions, as well as engage others in dialogue:

1. How important is it to you to get your affairs in order and express your future wishes? On a scale from **1-10**, **1** meaning *not at all important* and **10**, meaning *extremely important*, please check the number that feels right for you.

☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10**

If it's *not at all important* for you to express your wishes, have you considered the stress that your family and friends may experience if they are required to voice these wishes on your behalf? Research indicates that families and friends cope significantly better and experience less stress when their friend or relative have engaged in the process of Advance Care Planning.

2. On a scale from **1-10**, **1** meaning *no motivation* and **10** meaning *high motivation*, how motivated are you right now to complete your personal planning? Please check the number that feels right for you.

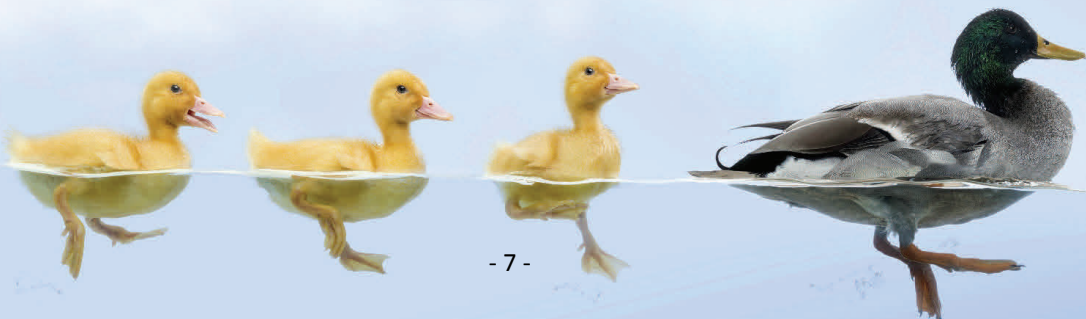
☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10**

If you scored between 7 and 10, please proceed to Section 2 of the Guide, [All About Me, My Personal Information](#) and begin completing the Don't Duck the Conversation Guide.

3. If you knew that you were going to die within three months, would you want to start the conversation about your wishes for future care and preferences today?

☐ **Yes** ☐ **No**

If yes, please proceed with completing the *Don't Duck The Conversation Guide*.



If *no*, what is the obstacle? Please choose the statement that feels right for you.

☐ I feel overwhelmed ☐ I can't decide on some things ☐ Other: _____

If you feel overwhelmed, is there someone you trust that you can ask to help you get started? If **yes**, who will you ask and when will you contact them? Please indicate below.

Name: _____ Date: _____

If you don't have a family or a friend who you trust that you can ask to help you get started, would you like some assistance from a Hospice Northwest volunteer?

☐ **Yes** ☐ **No** If **yes**, please contact us at **807-626-5570**

If practical decision making is the problem, here are some suggested resources:

- ♦ Connect with a trusted friend, family member or clergy member of your choice
- ♦ Get legal advice
- ♦ Connect with a counsellor in your region
- ♦ Connect with a financial advisor in your region
- ♦ Check 211 for local counselling and legal services

If you need free legal advice, please contact:

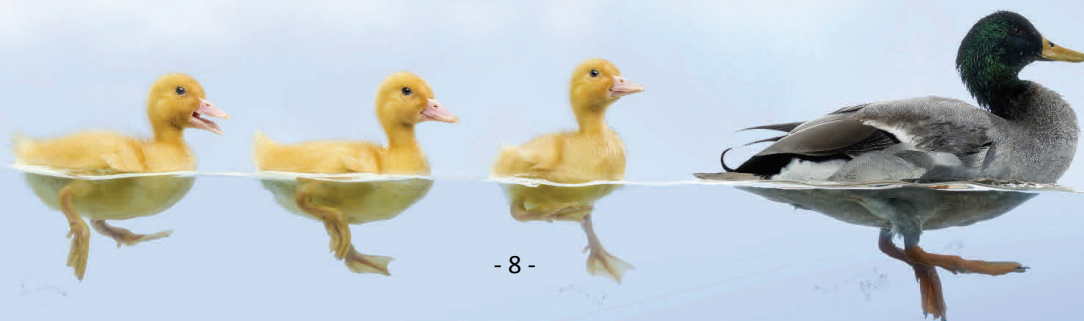
Legal Aid Ontario

You will find instructions on the [Legal Aid Ontario](#) webpage about how to apply for legal assistance, and how to find the office nearest you.

Law Society of Upper Canada Referral Services

The Law Society of Upper Canada Referral Service is designed to provide callers with up to 30 minutes of consultation either by phone or in person at no charge. A Legal Information Officer will receive the call and assess the needs of the client and then provide the name of the lawyer or paralegal who best fits the client's stated needs. The service is not designed to provide legal advice or second opinions, and any fees should be discussed with the lawyer or a paralegal.

The service can be reached by calling toll free **1-800-268-8326**. You can also request a referral online through the [Law Society of Upper Canada website](#).



Some online resources you may find useful

*Whichever resources you use, please check to make sure they are Ontario based and comply with the Ontario legal framework for Advance Care Planning and Health Care Consent

- ♦ [**The Ministry of the Attorney General: Powers of Attorney**](#)
This booklet contains forms for Continuing Power of Attorney for Property and Power of Attorney for Personal Care. Published by the Government of Ontario
- ♦ [**Ontario Speak Up Campaign: Advance Care Planning**](#), hosted by [**Hospice Palliative Care Ontario**](#). This workbook contains information about having conversations with your family, friends, healthcare providers and especially your Substitute Decision Maker(s) about your future health and personal care wishes at the end of life.
- ♦ [**Will Kit**](#) produced by *Community Legal Clinic Simcoe, Haliburton and Kawartha Lakes*. To receive a free Estate Planner Guide, please contact the *Alzheimer Society of Ontario* at 1-416-847-8913 or visit the [**Alzheimer Society of Ontario website**](#)
- ♦ [**“Planning For Incapacity – What You Need To Know”**](#) An article explaining the Powers of Attorney for Property and Personal Care documents. Written by Jane Martin, published by the Alzheimer Society of Ontario.
- ♦ [**Power of Attorney for Personal Care information**](#) and [**Continuing Power of Attorney for Property**](#) published by Community Legal Education Ontario

When You Are Ready To Begin...

1. Remember to try to enjoy this process; you are not only considering changes in your health, you are sharing your legacy.

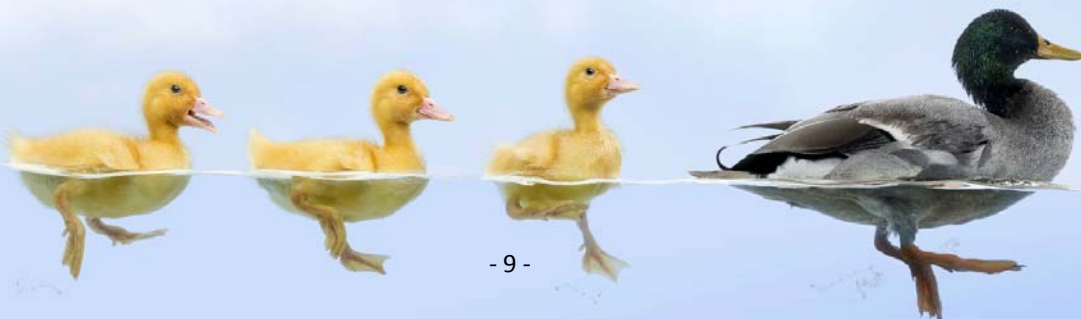
How would you like to be remembered?

2. This guide has been created for you to complete at a pace that feels comfortable and manageable for you. Each time you return to the guide, you can ask yourself:

What is my priority today?

What feels like a realistic goal for me to focus on at this time?

3. Congratulate yourself as you complete each step of this journey. We acknowledge that answering these questions takes courage.



4. Do what's right for you. Parts of the guide may not fit your needs or you may simply not want to answer certain questions. That's okay! The guide has been designed for you to complete as you see fit.

5. As you feel ready to put the guide aside for a while, ask yourself:

If there is one realistic goal that I can focus on between now and the next time I work on this guide that would have significance for me, what would that be?

Your guide will be waiting for you when you are ready to return.

6. When you return, ask yourself:

Have I accomplished the goal that I set out to do?

Does my current situation warrant a new focus?

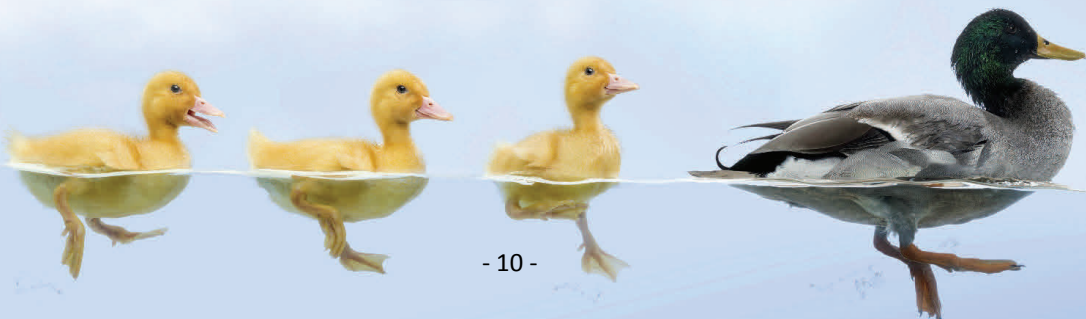
At the end of this guide, you will find a checklist that you can use to show you've completed all of personal planning tasks. Your to-do list will include:

- ◆ Preparing a will and designating an executor
- ◆ Appointing a Power of Attorney for Personal Care and Power of Attorney for Property
- ◆ Recording all of your important information regarding finances, banking, debts, investments, etc. within this guide
- ◆ Making all of your cemetery, funeral and burial arrangements
- ◆ Arranging for the care of any dependents, including pets
- ◆ Talking with your family about your wishes and letting them know where you've stored your important information

Keeping Your Private Information Secure

Always save your documents on your computer each time you make changes and consider saving your files to another hard drive or printing your documents in case of technical difficulties. Store your private information in a secure place and consider locking your documents in a secure box. It is important to let someone know where your documents are stored, but do be careful to only share this private information with people that you trust.

Hospice Northwest assumes no responsibility for how private information contained in the Planning Guide is stored or shared. It is the user's responsibility to ensure private information is stored securely and shared with people for whom the user has deemed safe and trustworthy.



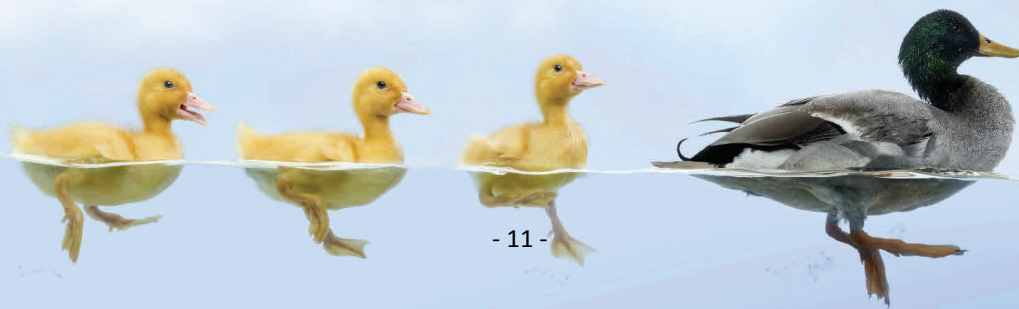
All About Me

The first section of this guide is designed to help you record important information about yourself. It also provides a place to jot down care instructions for your home and possessions.

My Personal Information

My Given Name: (as it appears on your birth certificate)	My Preferred Name: (name you are known by, if different than birth name)
Place of Birth:	Date of Birth:
Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship Information:
Home Phone #:	Cell Phone #:
Business Phone #:	E-mail Address:
Street Address and City:	Province and Postal Code:
Location of ID Papers: (Birth Certificate, Passport, Citizenship papers, etc.)	Social Insurance #:
Any other important information:	

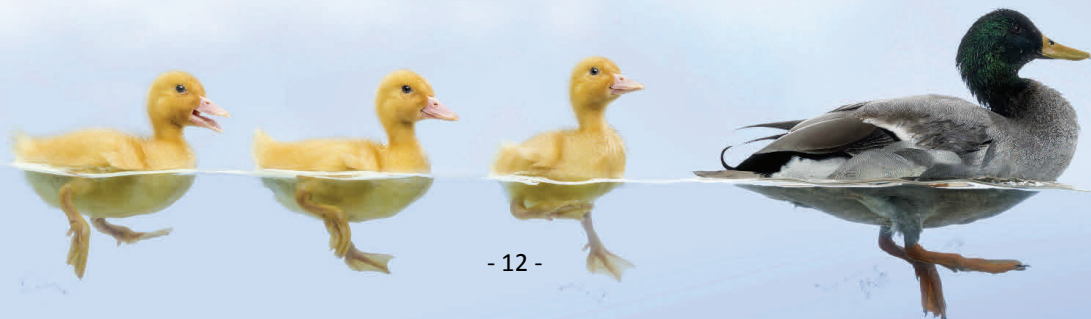
All About Me



My Health Care Information

My Doctors, other Care Providers and Health Information

Family Doctor:	Address and Phone #:
Other Care Provider (Name and Role):	Address and Phone #:
Other Care Provider (Name and Role):	Address and Phone #:
Other Care Provider (Name and Role):	Address and Phone #:
Other Care Provider (Name and Role):	Address and Phone #:
My Health Insurance Company:	My Policy #:
Company Address and Phone #:	Additional Health Insurance Information:
Health Card #:	Location of Health Card/Medical Records:
Pacemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No	Organ Donation: <input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a will: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Will:



My Substitute Decision Maker

One of the most important steps in getting your ducks in a row is determining who your Substitute Decision Maker (SDM) is for health care if you become mentally incapable of making health care decisions for yourself. In Ontario, every person automatically has someone who will have legal authority to act as his or her SDM if he/she becomes incapable. Your SDM will be the person who has the highest ranking on the **HIERARCHY of SDMs listed below**.

You may decide that you are satisfied having that highest ranking individual(s) act on your behalf should you become incapable, or you may choose someone else. This can be done through naming or appointing a [Power of Attorney for Personal Care](#). Substitute Decision Makers and/or Powers of Attorney for Personal Care cannot engage in advance care planning, but can only give or refuse consent to treatment or make other health decisions when you are incapable.

Your Substitute Decision Maker should be someone you trust, someone you feel you can talk to about your wishes regarding your medical care, someone who will honour and follow those wishes.

[Community Legal Education Ontario](#) offers more information on SDM(s) and Power of Attorney for Personal Care in Ontario.

Substitute Decision Maker Hierarchy

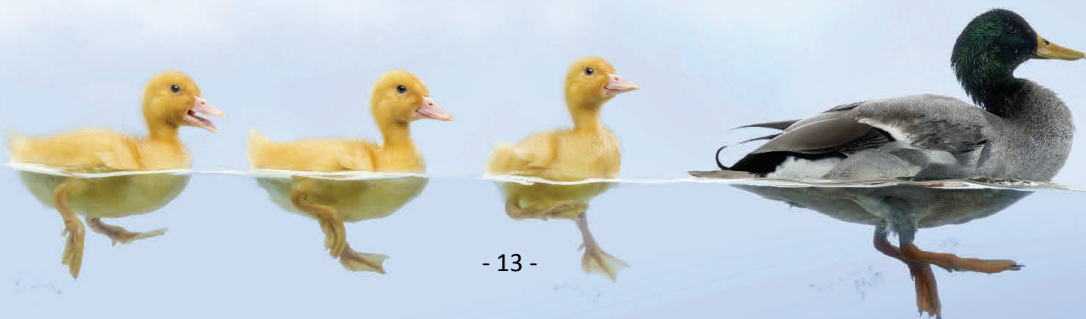
The following is the Hierarchy of SDMs in the Health Care Consent Act, s.21:

1. Guardian of the Person with authority for Health Decisions
2. Attorney for personal care with authority for Health Decisions
3. Representative appointed by the Consent and Capacity Board
4. Spouse or partner
5. Child or Parent or Children's Aid Society (person with right of custody)
6. Parent with right of access
7. Brother or sister (if more than one, all)
8. Any other relative
9. Office of the Public Guardian and Trustee

I have discussed my wishes regarding my future health care and completed a Power of Attorney of Personal Care: ☐ Yes ☐ No

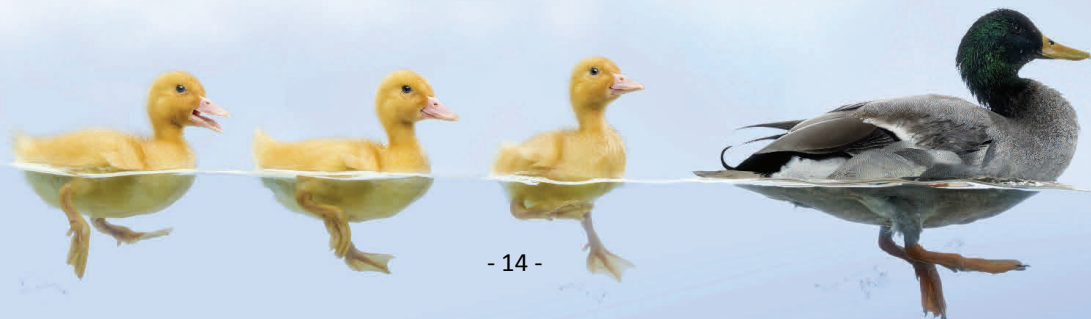
My Substitute Decision Maker(s) is/are:

Location of My Power of Attorney for Personal Care:



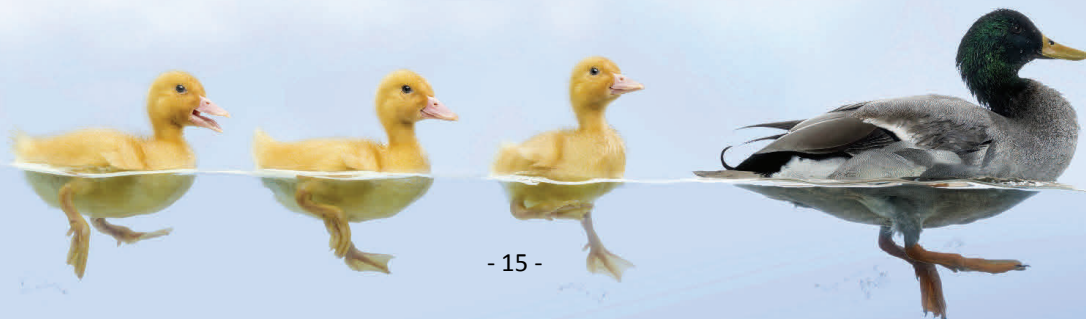
My Banking Information

Name of Primary Financial Institution:	Address and Phone #:
Type of Account and Account #:	Type of Account and Account #:
Type of Account and Account #:	Type of Account and Account #:
Other Financial Institution:	Address and Phone #:
Type of Account:	Account #:
Type of Account:	Account #:
My Statements are Filed Here:	I Keep My Cheque Books Here:
Other Information:	



My Financial and Credit Card Information

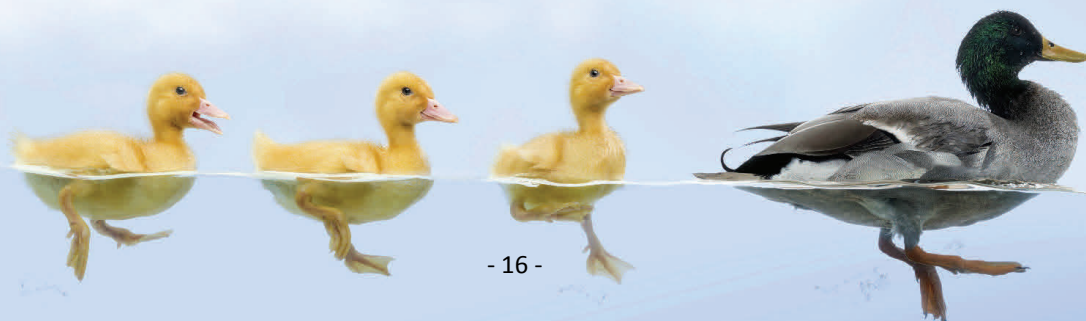
Name of my Financial Advisor:	Contact Information:
Name of my Accountant:	Contact Information:
Credit Card Type:	Credit Card #:
Credit Card Type:	Credit Card #:
Credit Card Type:	Credit Card #:
Credit Card Type:	Credit Card #:
Location of my Safety Deposit Box:	Location of Key/Rental Agreement:
Names and contact information of people I have designated to access my safety deposit box:	



My Savings Plans and Investments

Example: Mutual Funds, Registered Retirement Savings Plan (RRSPs), Stocks, Bonds, GICS, etc.

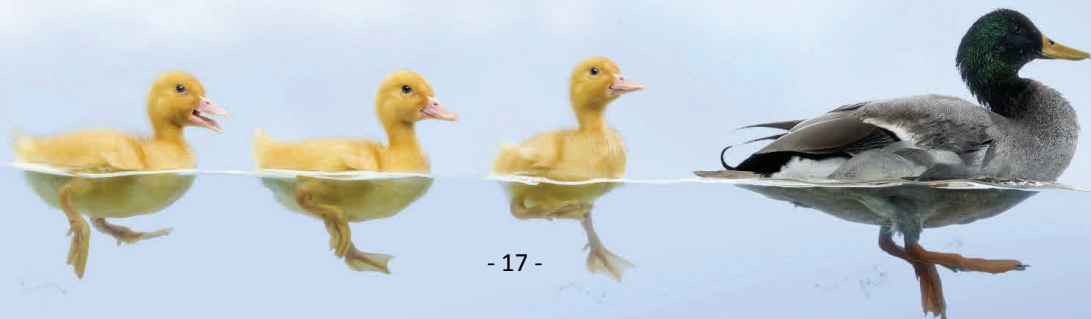
Type of Investment:	Held By:
Additional Information:	
Type of Investment:	Held By:
Additional Information:	
Type of Investment:	Held By:
Additional Information:	
My Accountant:	Contact Information:



My Company Pension and Insurance

Pension and Life Insurance Information

My Pension Policy/Plan #:	<input type="checkbox"/> I am still working/Date of retirement:
My Spouse's Pension Policy/Plan #:	<input type="checkbox"/> My spouse is still working/Date of retirement:
(Expected) Monthly Pension Amount:	Additional Information:
Life Insurance Company:	Life Insurance Policy #:
Life Insurance Amount:	Company Phone # and Address:
My Beneficiary:	Location of Important Papers:
Other Information Regarding my Insurance:	



My Government Pensions And Other Benefits

Seniors, Veterans, Persons with a disability and/or persons receiving Employment Insurance Benefits

Do I receive OAS (Old Age Security Pension)?

☐ Yes ☐ No My monthly OAS benefits:

Do I receive GIS (Guaranteed Income Supplement)?:

☐ Yes ☐ No My monthly GIS benefits:

Do I receive Survivor's Allowance?:

☐ Yes ☐ No My monthly SA benefits:

Do I receive GAINS (Guaranteed Annual Income Supplement)?:

☐ Yes ☐ No My annual GAINS benefits:

Do I receive CPP (Canada Pension Plan)?:

☐ Yes ☐ No My monthly CPP benefits:

Do I receive Disability Benefits?:

☐ Yes ☐ No My monthly benefits:

Do I receive EI (Employment Insurance)?:

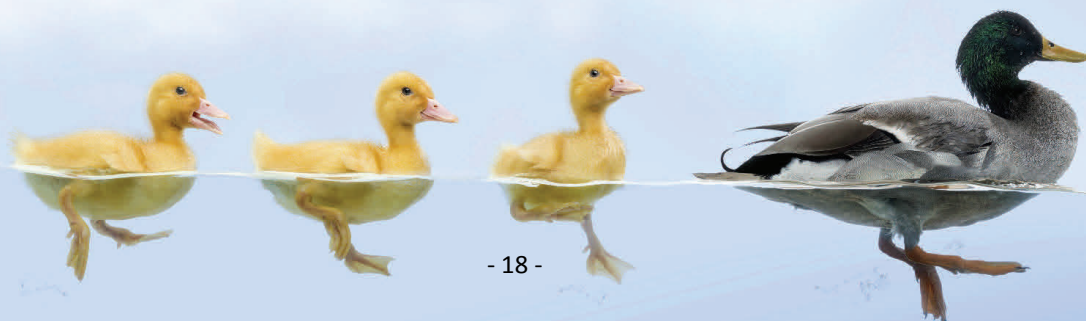
☐ Yes ☐ No My EI benefits:

Do I receive War Veterans Allowance?:

☐ Yes ☐ No My benefits:

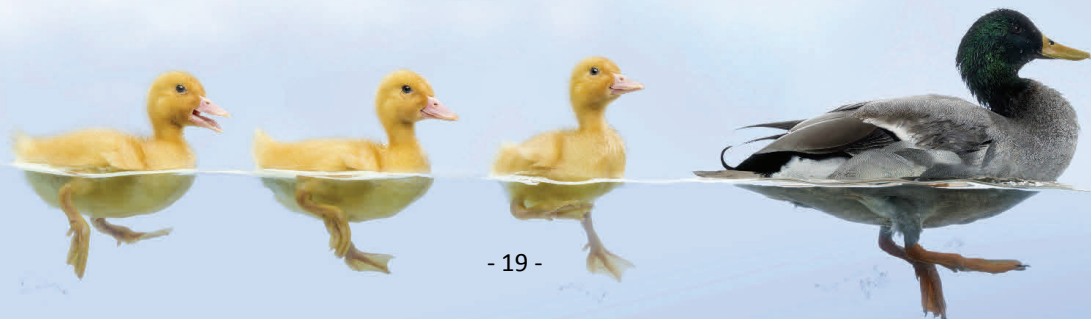
Other Financial Information Regarding my Pensions and Other Benefits:

(please include other pensions and financial benefits not listed elsewhere in document)



My Financial Commitments: What I Owe

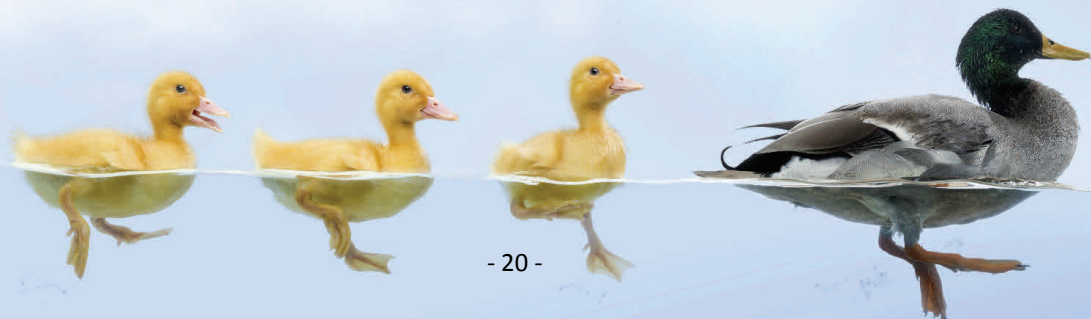
Type of Debt:	Amount Owed:
Name of Loan Company:	Contact Information:
Type of Debt:	Amount Owed:
Name of Loan Company:	Contact Information:
Type of Debt:	Amount Owed:
Name of Loan Company:	Contact Information:
Type of Debt:	Amount Owed:
Name of Loan Company:	Contact Information:
Type of Debt:	Amount Owed:
Name of Loan Company:	Contact Information:
Additional Notes:	



Things I Rent or Own: My Property

This section will allow you to record information about possessions that you rent or own and how to care for them. Property type may include: house, apartment, time-share, vacation/mobile home, condo, co-op, multi-family, commercial, land.

Type of Property:	Address:	Rent or Own?:	Mortgage?:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Important Papers (Mortgage or Rental Agreement):	Name/Address of Property Manager (if renting):	Cost of Rent or Mortgage/Month:	Mortgage Insurance?: <input type="checkbox"/> Yes <input type="checkbox"/> No Important Information:
			Yes No
Type of Property:	Address:	Rent or Own?:	Mortgage?:
			Yes No
Location of Important Papers (Mortgage, Rental Agreement):	Name/Address of Property Manager (if renting):	Cost of Rent or Mortgage/Month:	Mortgage Insurance?: <input type="checkbox"/> Yes <input type="checkbox"/> No Important Information:
Type of Property:	Address:	Rent or Own?:	Mortgage?:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Important Papers (Mortgage or Rental Agreement):	Name/Address of Property Manager (if renting):	Cost of Rent or Mortgage/Month:	Mortgage Insurance?: <input type="checkbox"/> Yes <input type="checkbox"/> No Important Information:
Home Insurance Company:	Policy#:	Contact Information:	Primary Beneficiary:
Other Information Regarding My Property or Home Insurance:			



Things I Rent or Own: My Home Health Care Equipment

This section will allow you to record information about possessions that you rent or own and how to care for them when you no longer can. Home Health Care Equipment may include: mobility aids (wheelchair, scooter, etc.), lifts and elevators, automotive, assistive devices (respiratory, visual & communication aids).

Type of Equipment:	<input type="checkbox"/> Rent <input type="checkbox"/> Own Include name of health care company equipment is rented or purchased from and contact information:	Payment Agreement: If you rent, include cost of rent per month, if you own, include purchase cost:	Location of Papers (Rental Agreement, Receipts, Funding Applications):

Other Information Regarding My Equipment (Include instructions for how equipment is cared for after your death):

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Type of Equipment:	<input type="checkbox"/> Rent <input type="checkbox"/> Own Include name of health care company equipment is rented or purchased from and contact information:	Payment Agreement: If you rent, include cost of rent per month, if you own, include purchase cost:	Location of Papers (Rental Agreement, Receipts, Funding Applications):

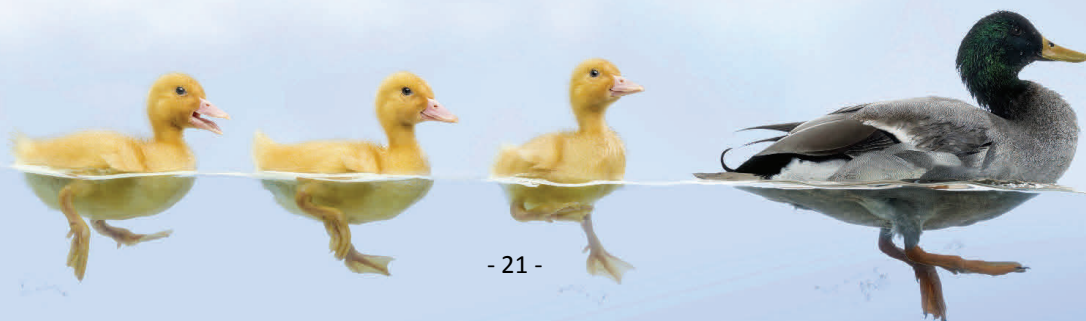
Other Information Regarding My Equipment (Include instructions for how equipment is cared for after your death):

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Type of Equipment:	<input type="checkbox"/> Rent <input type="checkbox"/> Own Include name of health care company equipment is rented or purchased from and contact information:	Payment Agreement: If you rent, include cost of rent per month, if you own, include purchase cost:	Location of Papers (Rental Agreement, Receipts, Funding Applications):

Other Information Regarding My Equipment (Include instructions for how equipment is cared for after your death):

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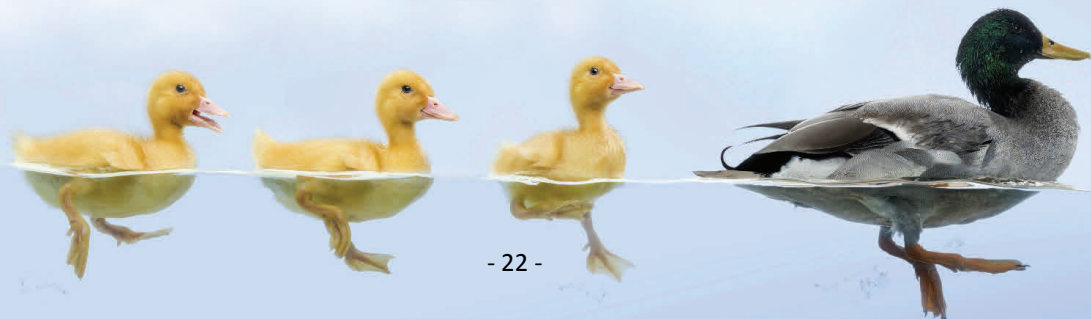


My Home: Important Contacts

There may be some important people who help to take care of your home who you would like others to know about. Consider the following: plumber, electrician, well/septic experts, landscaper, garbage removal, snow care, mechanic, cleaning staff, etc.

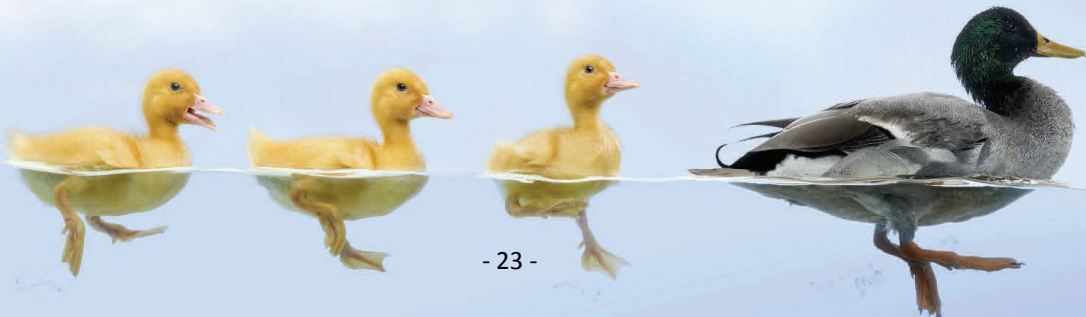
Are there things about your home that only you know and that others may need to know? For example, is there specific information about your furnace, hot water heater, turning the water on/off, or seasonal chores?

Position/Company:	Contact Information:
Notes:	
Position/Company:	Contact Information:
Notes:	
Position/Company:	Contact Information:
Notes:	



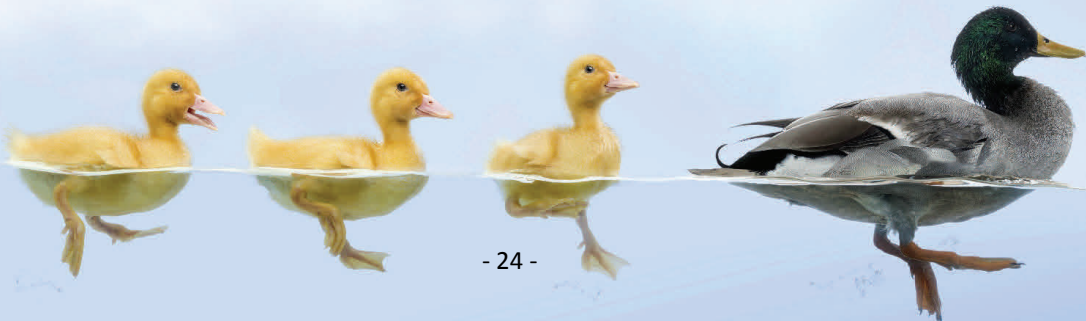
Things I Own: My Vehicles

Type of Vehicle (car, truck, boat, other):	Year/Make/Model:
<input type="checkbox"/> Own <input type="checkbox"/> Lease/Leasing Company Info:	To whom would I like to give this vehicle:
Type of Vehicle (car, truck, boat, other):	Year/Make/Model:
<input type="checkbox"/> Own <input type="checkbox"/> Lease/Leasing Company Info:	To whom would I like to give this vehicle:
Automobile Insurance Company:	Policy #/Amount:
Contact Information:	Primary Beneficiary:
Other Information Regarding My Vehicles (example: maintenance information):	



My Notes

Anything we missed? Jot it down here.



Important Passwords

There may be some important passwords that you want others to know about, such as passwords for your computer, cell phone, e-mail, social media accounts, or for the lock on your gym locker, for example. In order to ensure that your personal security is protected, we suggest that you do not include passwords to your bank accounts here.

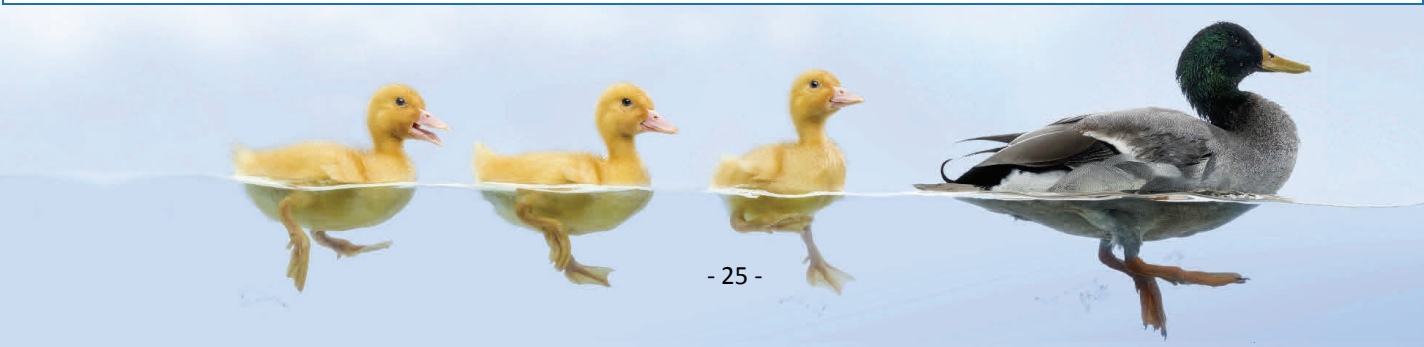
Important Passwords

There may be some important passwords that you want others to know about, such as passwords for your computer, cell phone, e-mail, social media accounts, or for the lock on your gym locker, for example. In order to ensure that your personal security is protected, we suggest that you do not include passwords to your bank accounts here.

Important Passwords

There may be some important passwords that you want others to know about, such as passwords for your computer, cell phone, e-mail, social media accounts, or for the lock on your gym locker, for example. In order to ensure that your personal security is protected, we suggest that you do not include passwords to your bank accounts here.

Type: <small>Use blank space to insert 'other' type</small>	User Name:	Password:	Security Question/ Answer:	Other Information:
Amazon:				
Cell Phone:				
Desk Top:				
Ebay:				
Facebook:				
Flickr:				
Gmail:				
iCloud:				
Instagram:				
iTunes:				
Lap Top:				
LinkedIn:				
Pinterest:				
Skype:				
Tablet/Ipad:				
Twitter:				
Yahoo:				
Have your marked down these passwords elsewhere? If so, where are they located?:				



My Story: The Facts

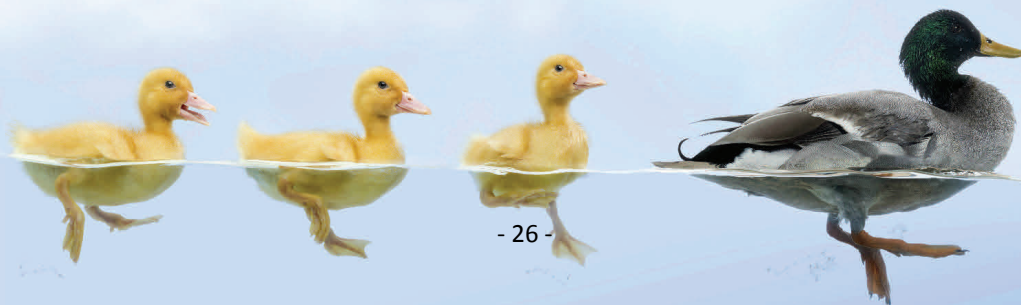
This section provides you with a place where you can write down details that will be helpful if you choose to draft your own obituary or helpful to others who may write it after your death. Once you have completed this section, you can proceed to the [Life Review](#) or [Writing my Obituary](#) section if you wish to write your own Life Story or Obituary.

My Parents and/or Care Providers

This can include biological, adopted, or foster mother(s), father(s), guardians and other people who cared for you.

Name and Relationship:	Date of Birth and/or Death:	Place of Birth:	Contact after your death? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?:
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	

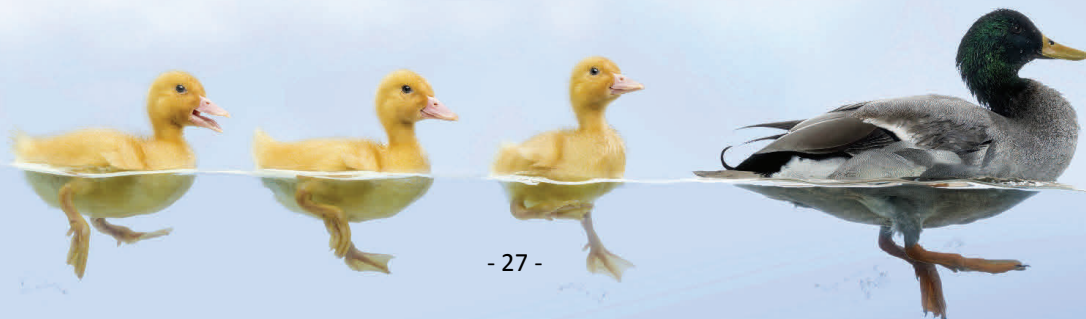
My Story: The Facts



My Parents and/or Care Providers

This can include biological, adopted, or foster mother(s), father(s), guardians and other people who cared for you

Name and Relationship:	Date of Birth and/or Death:	Place of Birth:	Contact after your death? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?:
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	



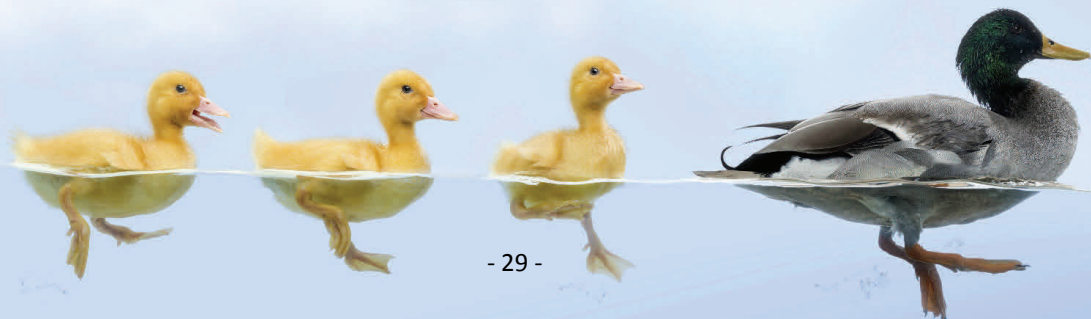
Birth Family and Friends

Please identify the names of your siblings and other birth family members such as grandparents, aunts, uncles, cousins and very close friends below. If you wish these people to be notified after your death, please check the box below and indicate who will be responsible for notifying them. If you would like a personal letter sent to someone, you can indicate that here as well. The *Sharing My Story* section provides help with how to draft your letters to your family and friends.

Name/Relationship to You:	Deceased?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Name/Relationship to You:	Deceased?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Name/Relationship to You:	Deceased?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:

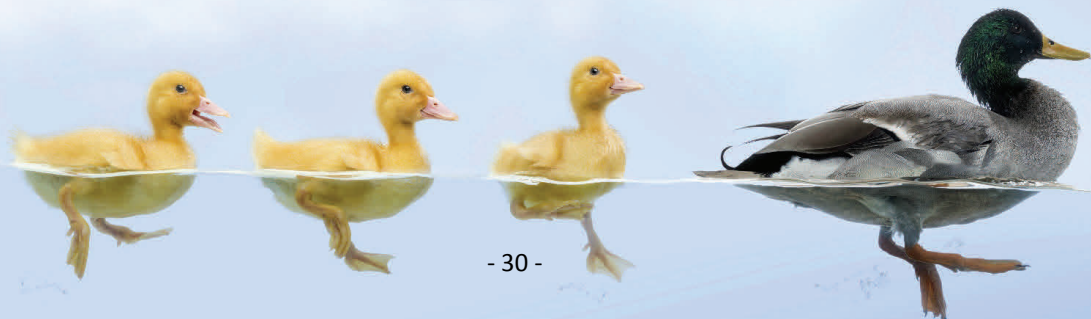
Birth Family and Friends

Name/Relationship to You:	Deceased?: <input type="checkbox"/> Yes <input type="checkbox"/> No If <i>yes</i> , indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Name/Relationship to You:	Deceased?: <input type="checkbox"/> Yes <input type="checkbox"/> No If <i>yes</i> , indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Name/Relationship to You:	Deceased?: <input type="checkbox"/> Yes <input type="checkbox"/> No If <i>yes</i> , indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:



Birth Family and Friends

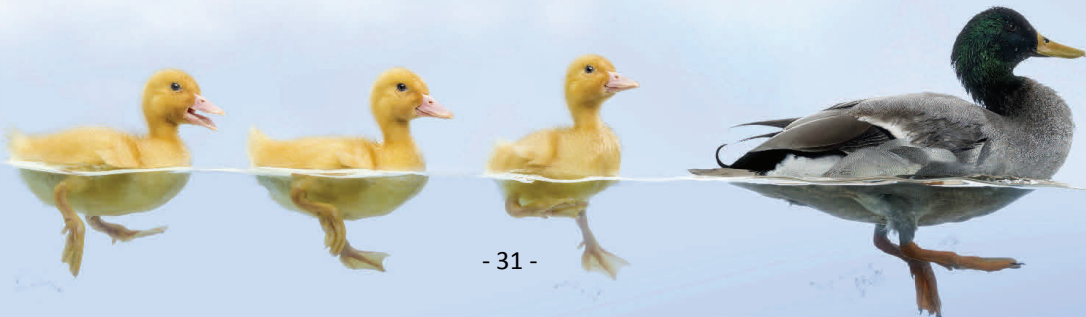
Name/Relationship to You:	Deceased?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Name/Relationship to You:	Deceased?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Name/Relationship to You:	Deceased?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:



My Spouse

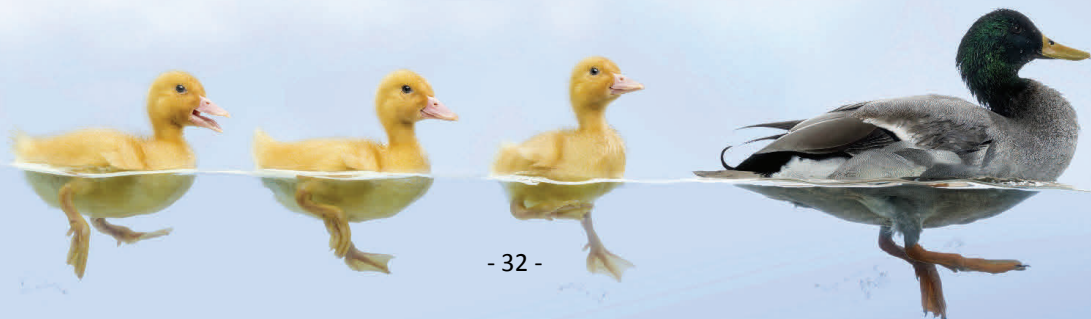
Your spouse may include your current and/or previous spouse, partner, or significant other.

Name and Relationship Status: Married, common law, separated, or divorced		Date of Birth/ Death:	Place of Birth:	Address: If different than your address
Home Phone #:	Cell Phone #:	E-mail Address:	Marriage License?: <input type="checkbox"/> Yes <input type="checkbox"/> No	List and State Location of Important Documents: Marriage license, pre-nuptial agreement, divorce decree
Employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No Retired?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Divorce Decree?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Nuptial Agreement?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:				
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of Letter:	Person entrusted with sending personal letter:	
Name and Relationship Status: Married, common law, separated, or divorced		Date of Birth/ Death:	Place of Birth:	Address: If different than your address
Home Phone #:	Cell Phone #:	E-mail Address:	Marriage License?: <input type="checkbox"/> Yes <input type="checkbox"/> No	List and State Location of Important Documents: Marriage license, pre-nuptial agreement, divorce decree
Employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No Retired?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Divorce Decree?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Nuptial Agreement?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:				
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of Letter:	Person entrusted with sending personal letter:	

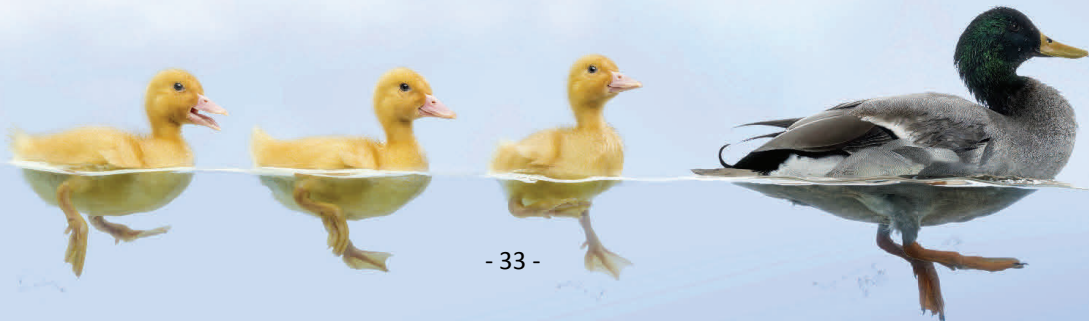


Consolidated List of Those to be Notified When I Die

If you wish, you can use this space to create a consolidated list of all the people you would like notified of your death, as checked off in the preceding pages.

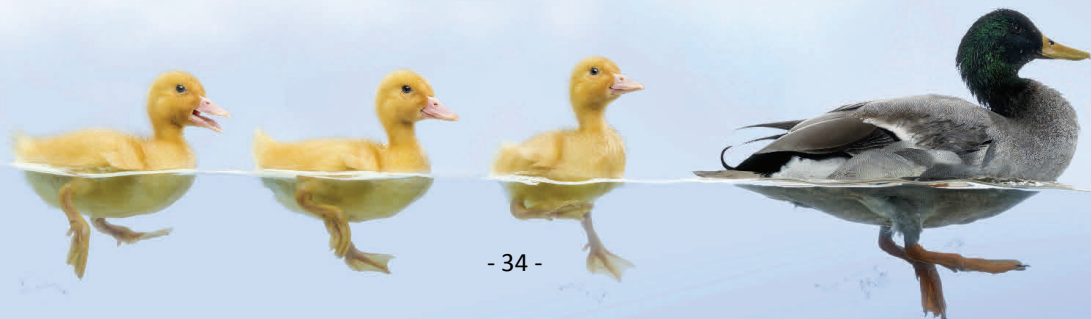
[illegible]

Consolidated List of Those to be Notified When I Die

[illegible]

My Biographical Information

My Cultural Background:		
My Education/Schools I Attended:	Years Attended:	Certificate/Degree/Diploma:
Employment/Volunteer History Name of Organization:	Dates I Worked:	Position/Job Title:
Organizations/Affiliations:	Achievements and Recognitions:	



My Faith, Community and Military Information

My Church or Religious Affiliation:

Address and Phone #:

My Religious Leader/Clergy Person:

My Church Group:

Community Groups I Belong to:

**Branch of Military Service/Unit/
Regiment:**

When and Where I Entered the Service:

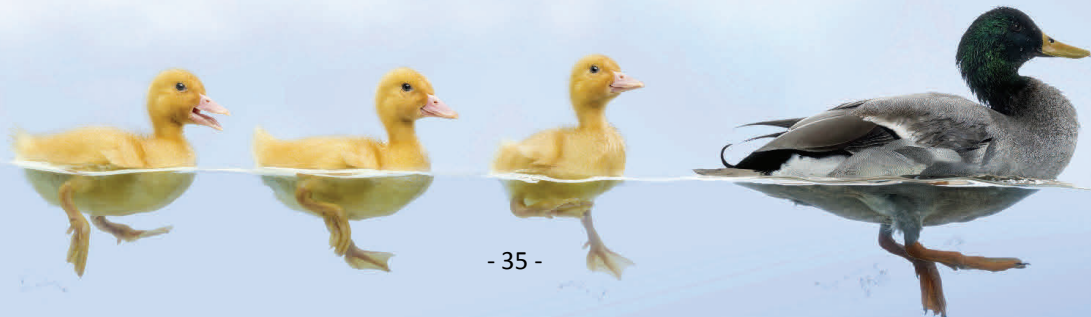
When/Where I was Discharged:

Where I Served:

Awards or Recognition I Received:

Veteran's Organization I Belong to:

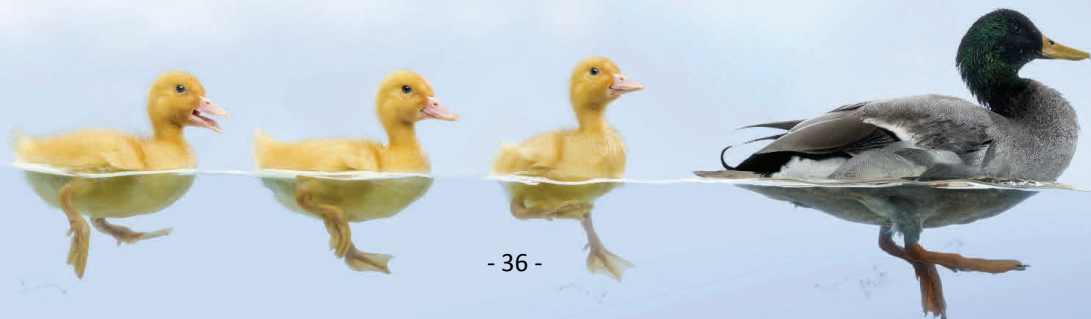
Other Information about My Military Service:



Memorable Occasions

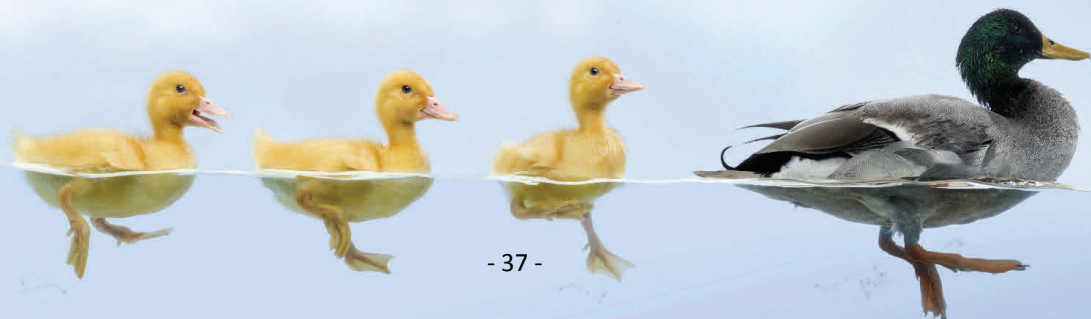
Please list memorable occasions or rites of passage, such as engagements, weddings, the birth of your children or grandchildren, religious, spiritual events or cultural events, the date of important achievements, holidays, etc. This list is to help you or your family recall memories to help with the process of writing your obituary, eulogy and sharing stories about your life.

Event/Occasion:	Date:	Place:
Notes:		
Notes:		
Notes:		



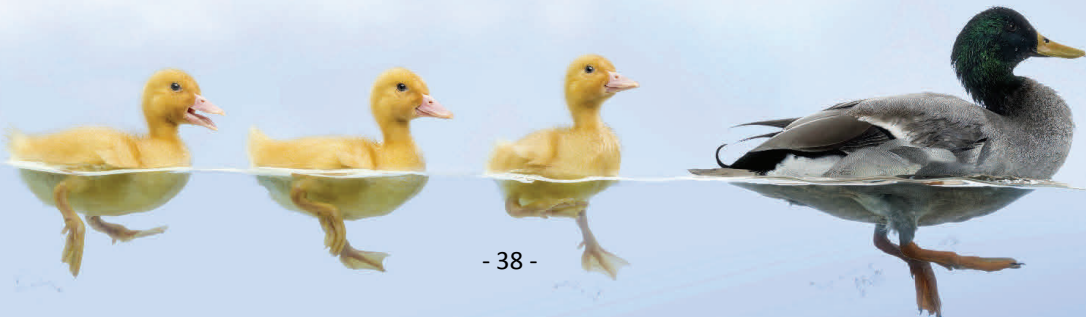
Memorable Occasions

Event/Occasion:	Date:	Place:
Notes:		
Event/Occasion:	Date:	Place:
Notes:		
Event/Occasion:	Date:	Place:
Notes:		
Event/Occasion:	Date:	Place:
Notes:		



My Fondest Memories

Classmates I remember:	Teachers I remember:
Significant World Events:	Best Friends:
First Love:	Favourite Jobs:
Special Holiday Traditions:	Special Pets:
Special Vacations:	Favourite Places:



Caring for My Family and Friends

This section will allow you to record important information about your children, other dependents and pets, and how to care for them if you no longer can. If your children are younger than 18, please ensure that you have proposed a legal guardian for your children and communicated who that person is in your will. For information about how to write a will, the Community Legal Clinic Simcoe, Haliburton and Kawartha Lakes has produced a will kit that may be of help to you.

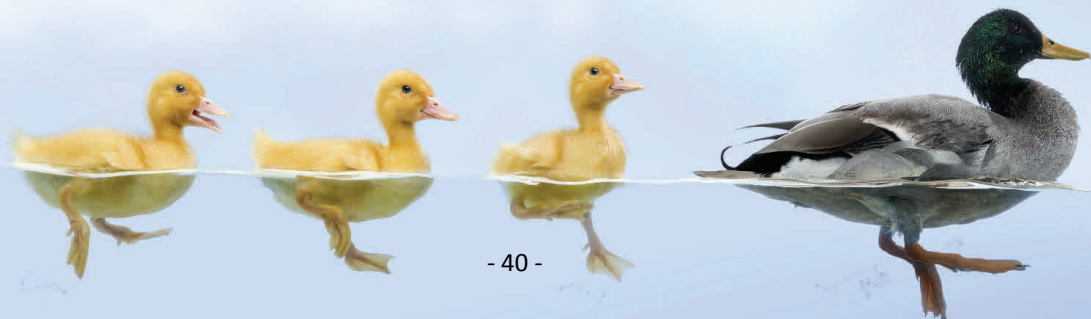
Caring for My Child: Child's Personal Information

My Child's Legal Name:	Preferred Name:	Date/Place of Birth:
Social Insurance #:	Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address:
Home Phone #:	Cell Phone #:	Address:
Other Guardian/Care Provider: (Name and Relationship)	Phone #:	Address:
Other Guardian/Care Provider: (Name and Relationship)	Phone #:	Address:
Other Guardian/Care Provider: (Name and Relationship)	Phone #:	Address:
Location of ID Papers:		
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Information:
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Information:

Caring for My Family and Friends

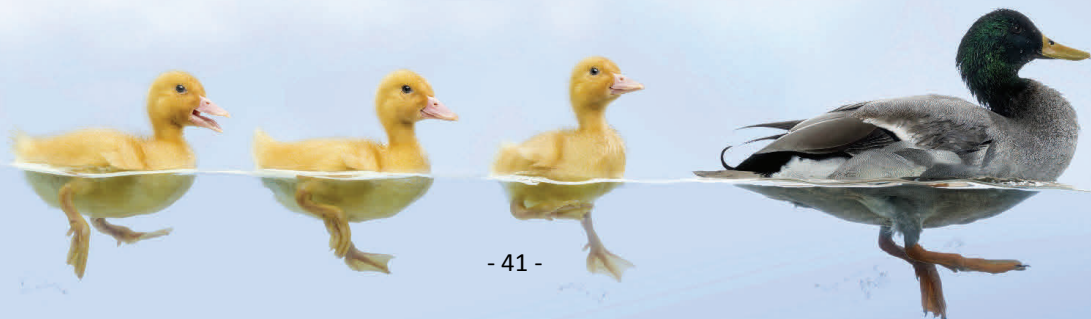
My Child's Personal Information

Special Health Concerns:	Medications:	Allergies:
Doctor/Paediatrician/Specialist:	Phone #:	Address:
Dentist:	Phone #:	Address:
Hobbies:	Interests:	Favourite Foods:
Fears:	Friends:	Friends' Contact Info:
I have written my child a letter to be sent after my death:	Location of Letter:	Person sending it:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other important information about my child not already covered:		



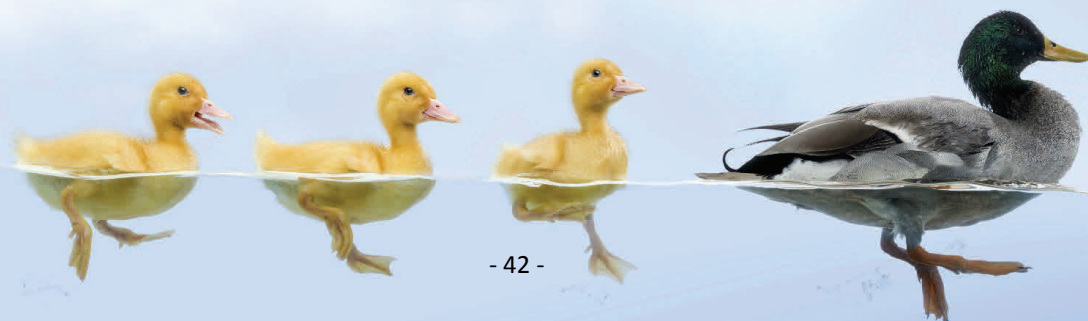
My Child's Personal Information

My Child's Legal Name:	Preferred Name:	Date of Birth/Place of Birth:
Social Insurance #:	Canadian Citizen?: Yes No	E-mail Address:
Home Phone #:	Cell Phone #:	Address:
Other Guardian/Care Provider: <small>(Name and Relationship)</small>	Phone #:	Address:
Other Guardian/Care Provider: <small>(Name and Relationship)</small>	Phone #:	Address:
Other Guardian/Care Provider: <small>(Name and Relationship)</small>	Phone #:	Address:
Location of Identification Papers: (Birth Certificate, Passport, medical reports)		
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Information:
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Information:



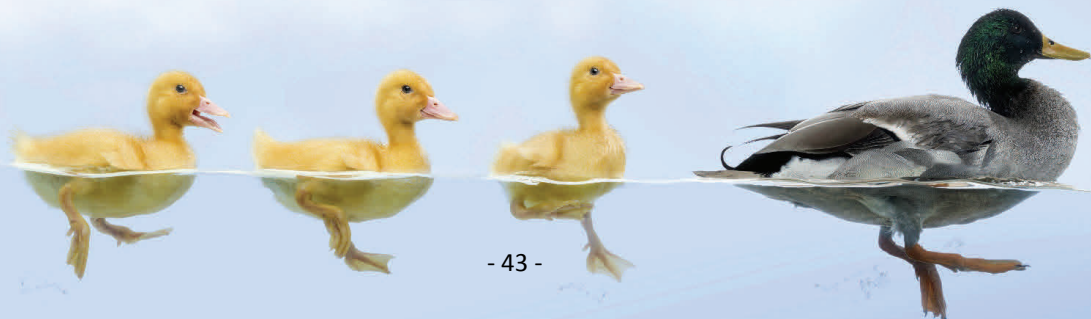
My Child's Personal Information

Special Health Concerns:	Medications:	Allergies:
Doctor/Paediatrician/Specialist:	Phone #:	Address:
Dentist:	Phone #:	Address:
Hobbies:	Interests:	Favourite Foods:
Fears:	Friends:	Friends' Contact Info:
I have written my child a letter to be sent after my death:	Location of Letter:	Person sending it:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other important information about my child not already covered:		



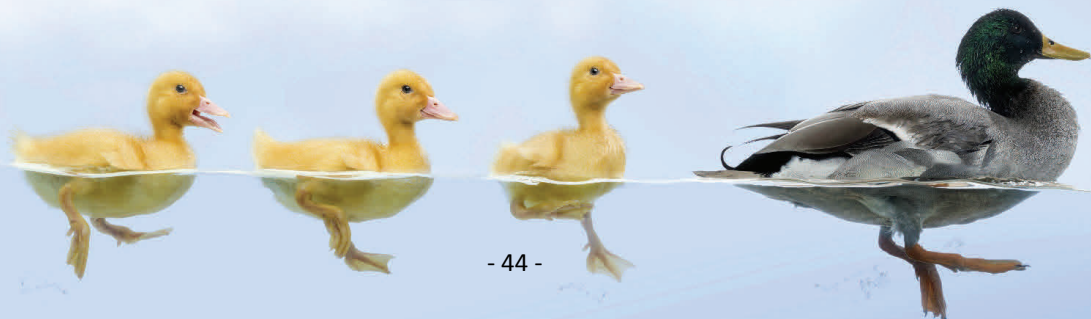
My Child's Personal Information

My Child's Legal Name:	Preferred Name:	Date of Birth/Place of Birth:
Social Insurance #:	Canadian Citizen? Yes No	E-mail Address:
Home Phone #:	Cell Phone #:	Address:
Other Guardian/Care Provider: <small>(Name and Relationship)</small>	Phone #:	Address:
Other Guardian/Care Provider: <small>(Name and Relationship)</small>	Phone #:	Address:
Other Guardian/Care Provider: <small>(Name and Relationship)</small>	Phone #:	Address:
Location of Identification Papers: (Birth Certificate, Passport, medical reports)		
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Information:
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Information:



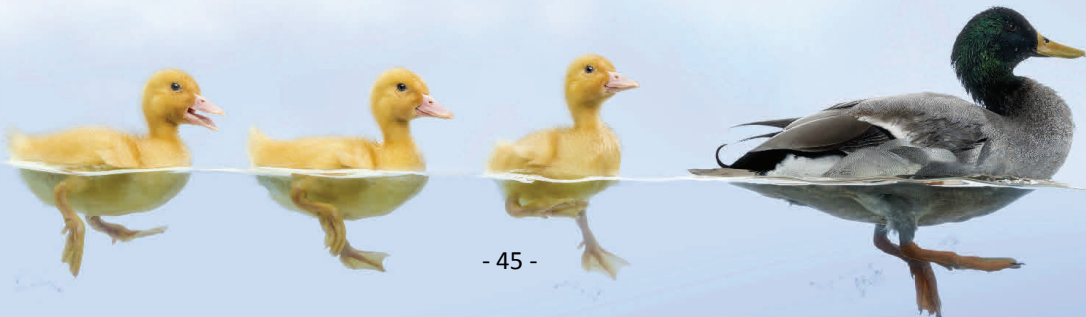
My Child's Personal Information

Special Health Concerns:	Medications:	Allergies:
Doctor/Paediatrician/Specialist:	Phone #:	Address:
Dentist:	Phone #:	Address:
Hobbies:	Interests:	Favourite Foods:
Fears:	Friends:	Friends' Contact Info:
I have written my child a letter to be sent after my death:	Location of Letter:	Person sending it:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other important information about my child not already covered:		



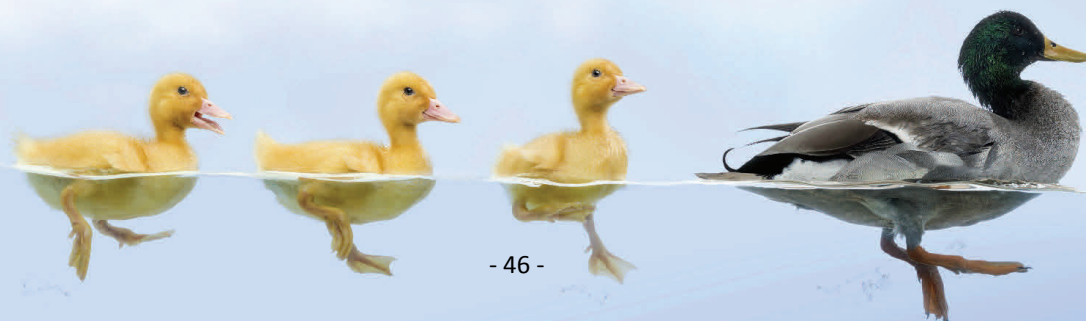
My Child's Personal Information

My Child's Legal Name:	Preferred Name:	Date of Birth/Place of Birth:
Social Insurance #:	Canadian Citizen: Yes No	E-mail Address:
Home Phone #:	Cell Phone #:	Address:
Other Guardian/Care Provider: <small>(Name and Relationship)</small>	Phone #:	Address:
Other Guardian/Care Provider: <small>(Name and Relationship)</small>	Phone #:	Address:
Other Guardian/Care Provider: <small>(Name and Relationship)</small>	Phone #:	Address:
Other Guardian/Care Provider: <small>(Name and Relationship)</small>	Phone #:	Address:
Location of Identification Papers: (Birth Certificate, Passport, medical reports)		
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Information:
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Information:



My Child's Personal Information

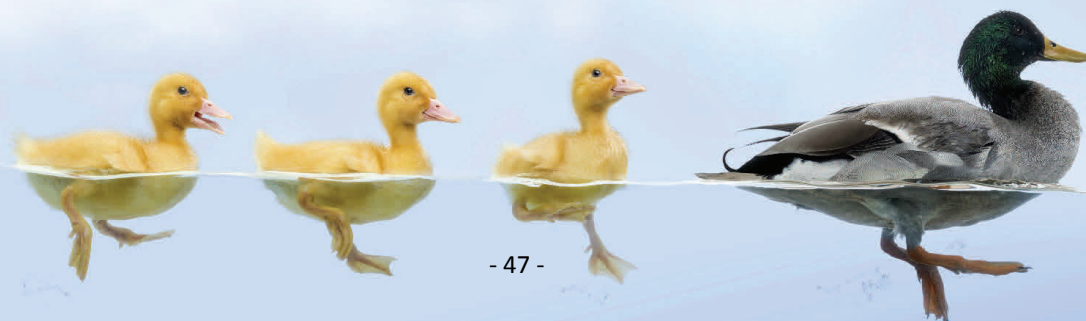
Special Health Concerns:	Medications:	Allergies:
Doctor/Paediatrician/Specialist:	Phone #:	Address:
Dentist:	Phone #:	Address:
Hobbies:	Interests:	Favourite Foods:
Fears:	Friends:	Friends' Contact Info:
I have written my child a letter to be sent after my death:	Location of Letter:	Person sending it:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other important information about my child not already covered:		



Caring for My Dependents: Personal Information

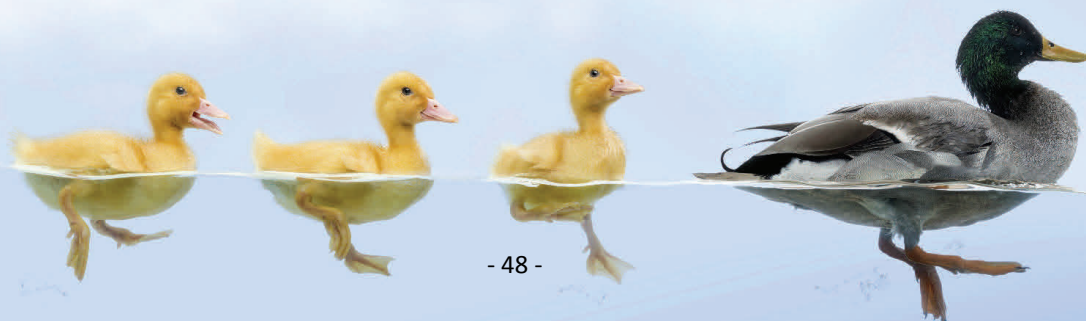
Dependents may include: spouse, family members, friends, or other persons in your care

Legal Name/Relationship to me:	Preferred Name:	Date/Place of Birth:
Social Insurance #:	Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address:
Home Phone #:	Cell Phone #:	Address:
Family Doctor:	Phone #:	Address:
Other Care Provider: (Name and Role)	Phone #:	Address:
Other Care Provider: (Name and Role)	Phone #:	Address:
Guardian/Relationship to You: (Include if dependent is less than 18 years of age)	Phone #:	Address:
Location of ID Papers: (Birth Certificate, Passport, medical reports, etc)		
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Information:
Name of Financial Institution:	Phone:	Address:
Type of Account:	Account #:	Other Information:



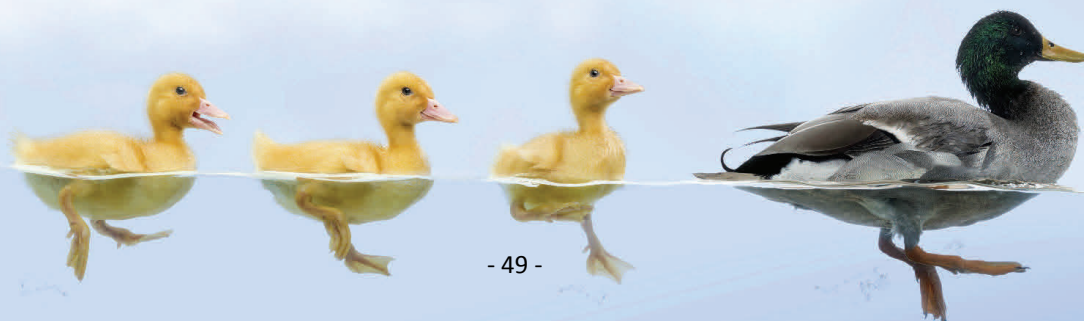
My Dependent's Personal Information

Special Health Concerns:	Medications:	Allergies:
Specialists:	Phone #:	Address:
Dentist:	Phone #:	Address:
Hobbies:	Interests:	Favourite Foods:
Fears:	Friends:	Friends' Contact Info:
I have written this person a letter to be sent after my death:	Location of Letter:	Person sending it:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other important information about this person not already covered:		



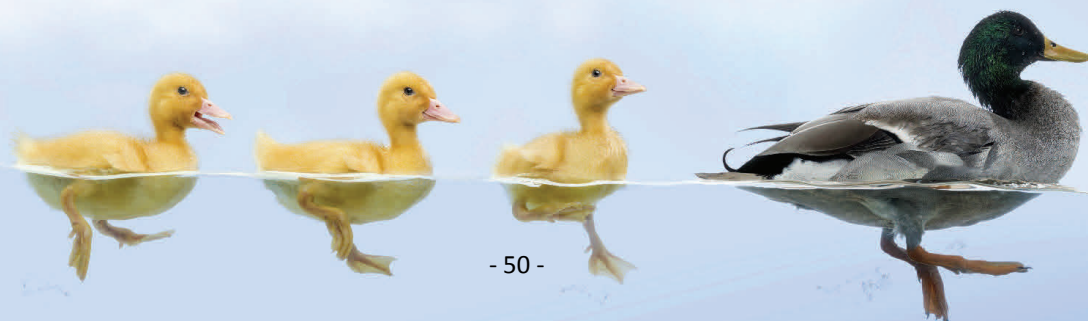
My Dependent's Personal Information

Legal Name/Relationship to me:	Preferred Name:	Date/Place of Birth:
Social Insurance #:	Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address:
Home Phone #:	Cell Phone #:	Address:
Family Doctor:	Phone #:	Address:
Other Care Provider: (Name and Role)	Phone #:	Address:
Other Care Provider: (Name and Role)	Phone #:	Address:
Guardian/Relationship to You: (Include if dependent is less than 18 years of age)	Phone #:	Address:
Location of ID Papers: (Birth Certificate, Passport, medical reports, etc)		
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Information:
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Information:



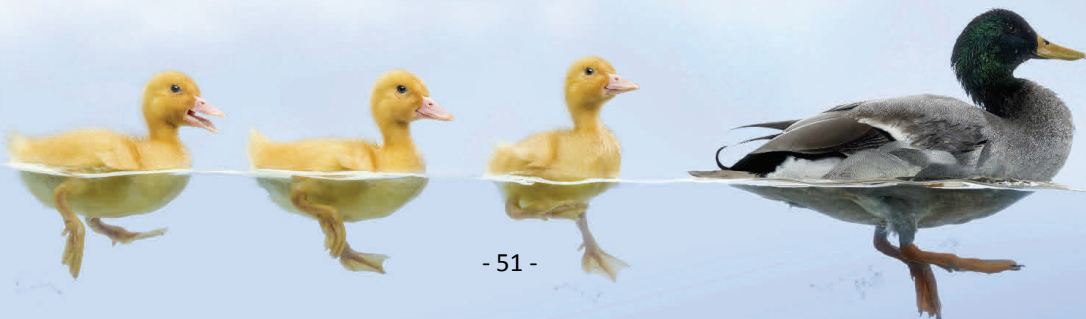
My Dependent's Personal Information

Special Health Concerns:	Medications:	Allergies:
Specialists:	Phone #:	Address:
Dentist:	Phone #:	Address:
Hobbies:	Interests:	Favourite Foods:
Fears:	Friends:	Friends' Contact Info:
I have written this person a letter to be sent after my death:	Location of Letter:	Person sending it:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other important information about this person not already covered:		



Caring for My Pets: My Pets Personal Information

My Pets Name and Breed:	Nickname(s):	Date of Birth:
Vet's Name/Clinic:	Phone #:	Address:
Emergency Vet Contact/Clinic:	Phone #:	Address:
Microchipped?: <input type="checkbox"/> Yes <input type="checkbox"/> No	City License #:	License Renewal Date:
Person who will care for my pet after my death:		
	Phone #:	Address:
Pet Insurance?: <input type="checkbox"/> Yes <input type="checkbox"/> No	My Pet Insurance Company:	My Policy #:
Company Address:	Company Phone #:	Other Pet Insurance Info:
Location of Important Papers: (medical reports, licensing, pet insurance, etc.)		
Brand of Food:	Places I Buy Food:	Feeding Instructions:
Sleeping Preferences:	Favourite Toys:	Favourite Treats:

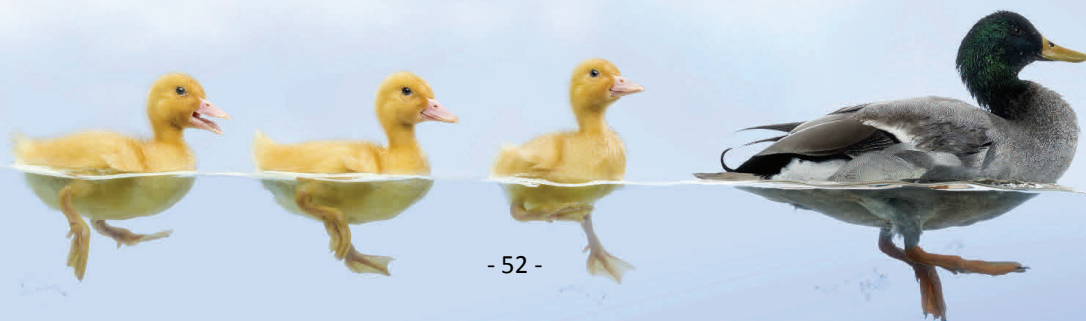


My Pets Personal Information

Special Health Concerns:

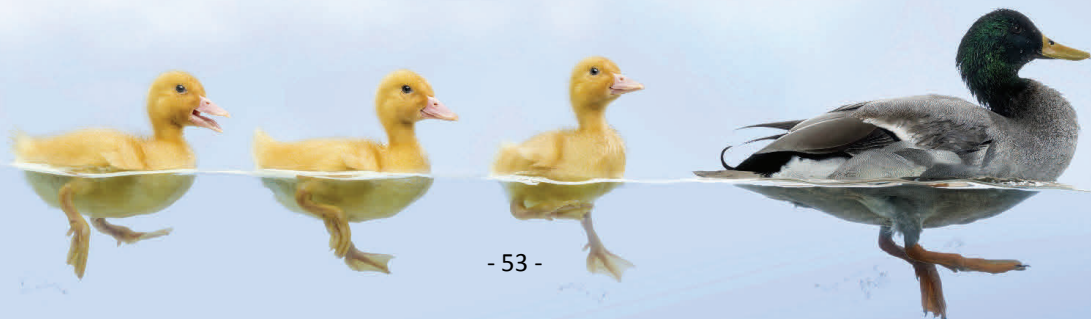
Grooming Instructions:

Other important information about my pet not already covered:



My Pets Personal Information

My Pets Name and Breed:	Nickname(s):	Date of Birth:
Vet's Name/Clinic:	Phone #:	Address:
Emergency Vet Contact/Clinic:	Phone #:	Address:
Microchipped?: <input type="checkbox"/> Yes <input type="checkbox"/> No	City License #:	License Renewal Date:
Person who will care for my pet after my death:		
	Phone #:	Address:
Pet Insurance?: <input type="checkbox"/> Yes <input type="checkbox"/> No	My Pet Insurance Company:	My Policy #:
Company Address:	Company Phone #:	Other Pet Insurance Info:
Location of Important Papers: (medical reports, licensing, pet insurance, etc.)		
Brand of Food:	Places I Buy Food:	Feeding Instructions:
Sleeping Preferences:	Favourite Toys:	Favourite Treats:

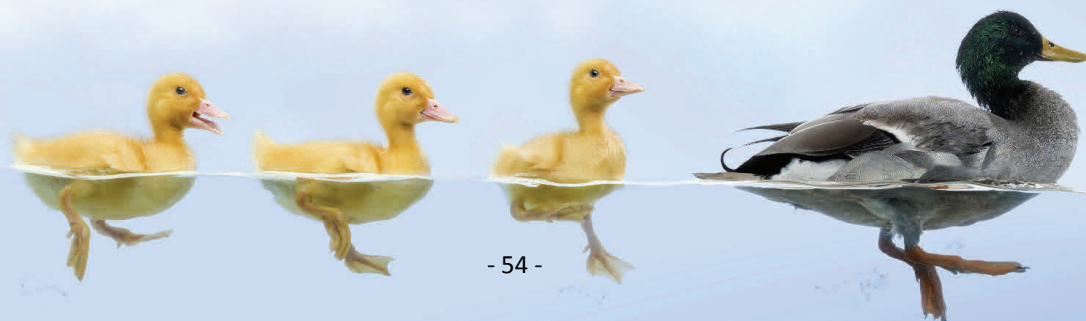


My Pets Personal Information

Special Health Concerns:

Grooming Instructions:

Other important information about my pet not already covered:



Funerals and Memorial Services

Funerals, memorial services and celebrations of life are very important ways of saying goodbye to someone who has died. They allow the living to fully recognize the death of their family member or friend, express their grief with others, and experience a feeling of closure. These ritual ceremonies are designed to honour and celebrate an individual's life.

Have you considered planning your own funeral or memorial service in advance?

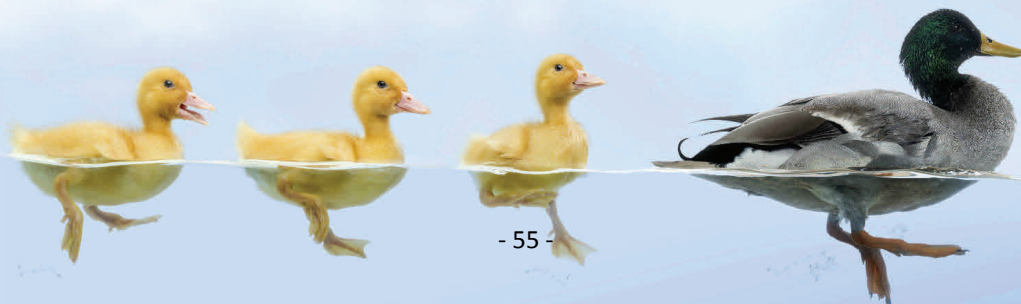
If you are unsure which type of service you would like held when you die, we have provided some information below to help you choose. This is very general information, as services will vary according to different cultures and religious traditions.

Funeral Service

- ♦ The body is present
- ♦ Traditionally held in a place of worship
- ♦ Usually a more formal/traditional service often led by a religious leader
- ♦ Often occurs within a few days after the death
- ♦ Usually has a higher cost than a memorial service

Memorial Service or Celebration of Life

- ♦ The body is not present, although the ashes could be present
- ♦ Burial could already have occurred prior to the service
- ♦ Can be held anywhere, often in a place that is meaningful to the family or deceased person
- ♦ Can be held prior to the individual's death, so that the dying person can say farewell to family and friends, often referred to as a "living funeral"
- ♦ Is often a community event that focuses on the unique attributes of the deceased, and usually includes stories, poems, and music that reflect his/her personality
- ♦ Usually less costly than a funeral



Pre-Arranged Funeral Service Information

I have pre-arranged my funeral:	Name of Funeral Home:	I have prepaid service costs:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate #:		

Funeral Service Preferences

Where I want the ceremony held:	I would like an open casket:	Closed casket present at service:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Casket Preference:	Visitation:	Visitation Preferences:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I would like my body embalmed:	I have chosen clothing:	Description of clothing:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I wish to be cremated:	Urn present at service:	Urn Preference:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> wood <input type="checkbox"/> ceramic <input type="checkbox"/> granite <input type="checkbox"/> copper <input type="checkbox"/> brass <input type="checkbox"/> glass <input type="checkbox"/> porcelain <input type="checkbox"/> marble <input type="checkbox"/> other:
I wish to have a church service:	Name/Address of Church:	Clergy Member to officiate:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
I prefer a Funeral Home chapel service:	Name and Address of Funeral Home:	Who will officiate?:
My Eulogy is Prepared:	Eulogy is located here:	My eulogy will be read by:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name & contact information of who will speak/read:	Preferred Vocalist/Musician: (name & contact info)	My Pallbearers: (name & contact info)

Funeral Service Preferences

List of photos I would like used and where they are located:

List of special readings, poems, scripture and/or rituals I would like:

I would like a procession to the cemetery:

☐ Yes ☐ No

I wish my remains to be transported in this vehicle:

Preferred Flowers:

Name of Preferred Florist:

Florist's Contact Information:

Would you prefer donations be made in lieu of flowers?:

☐ Yes ☐ No

Charitable Donations made to:

Address of Charity:

Charity's Website:

I want an obituary published in the local newspaper:

☐ Yes ☐ No

I have prepared my own obituary:

☐ Yes ☐ No

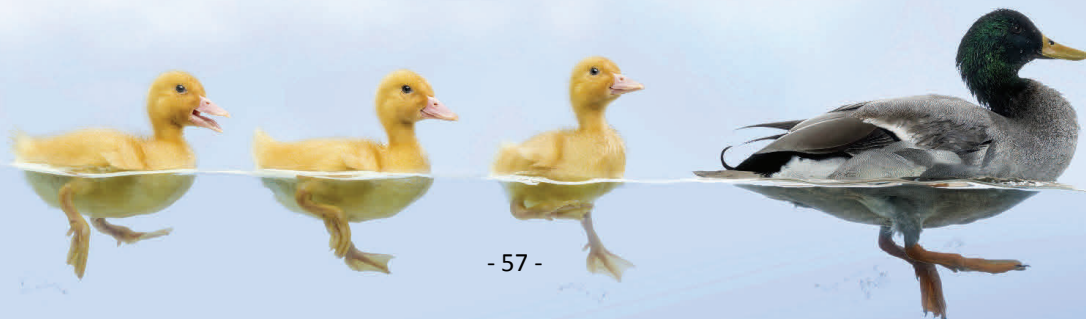
My obituary is located here:

I have asked/I want this person to write my obituary for me:

I have completed the *All About Me* section which lists all of my biographical information: ☐ Yes ☐ No

Name/Contact Info:

Any other information about my funeral service wishes:



Pre-Arranged Memorial Service/Celebration of Life

I have pre-arranged my service:	I have prepaid the service costs:	Information is stored here:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Memorial Service/Celebration of Life Preferences

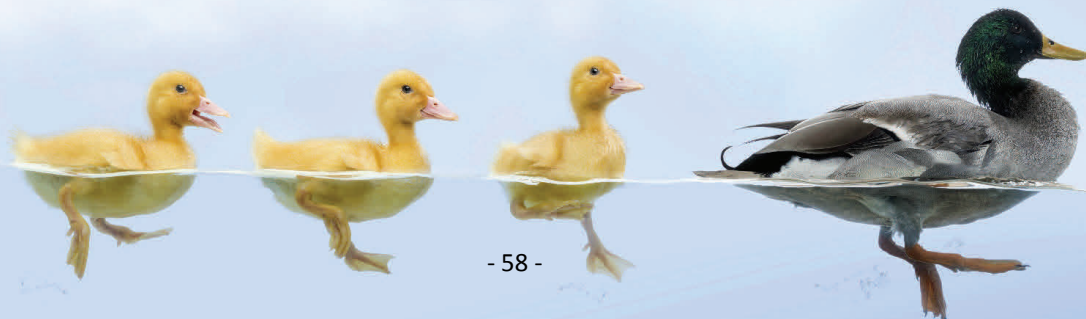
Where I want my memorial service to be held - ie. at family member's home, at a hotel, legion, pub, at the burial site, or at the site where my cremated remains will be spread:

--

Who will lead the service?:	I wish to be cremated:	Urn Preference:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> wood <input type="checkbox"/> ceramic <input type="checkbox"/> granite <input type="checkbox"/> copper <input type="checkbox"/> brass <input type="checkbox"/> glass <input type="checkbox"/> porcelain <input type="checkbox"/> marble <input type="checkbox"/> Other
Urn present at service:	My Eulogy is Prepared:	Eulogy is located here:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I want an obituary published in the local newspaper:	I have prepared my own obituary:	My obituary is located here:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have asked/I want this person to write my obituary for me:	I have completed the <i>All About Me</i> section which lists all of my biographical information: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name/Contact Info:

My eulogy will be read by: (name/contact info)	Preferred Vocalists/ Musicians:	Song Preferences:
Others who will speak/read:		



Memorial Service Preferences

List of photos I would like used and where they are located:

List of special readings, poems, scripture and/or rituals I would like:

I would like a procession to the cemetery:

☐ Yes ☐ No

I wish my remains to be transported in this vehicle:

Preferred Flowers:

Name of Preferred Florist:

Florist's Contact Information:

Would you prefer donations be made in lieu of flowers?:

☐ Yes ☐ No

Charitable Donations made to:

Address of Charity:

Charity's Website:

I would like an obituary published in the local newspaper:

☐ Yes ☐ No

I have prepared my own obituary;

☐ Yes ☐ No

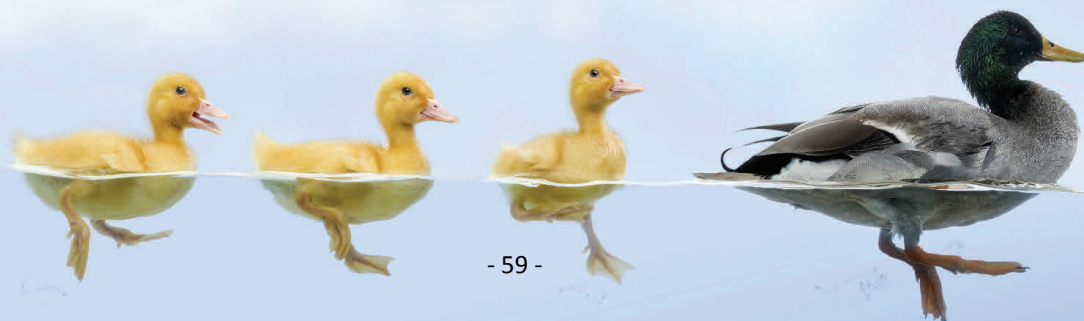
My obituary is located here:

I have asked/I want this person to write my obituary for me:

I have completed the *All About Me* section which lists all of my biographical information: ☐ Yes ☐ No

Name/contact info:

Any other information about my funeral service wishes:



Making My Cemetery Arrangements

There are some important things to consider when making your cemetery arrangements. While the standard cemetery options include decisions about a ground burial, cremation, or mausoleum entombment, a natural burial provides a more affordable and environmentally conscious option.

Have you considered a natural ground burial?

Natural ground burial is the practice of burying the body of the deceased without the use of embalming chemicals and without caskets and vaults made from concrete, steel, plastic and endangered tropical wood that are often used in a standard burial.

A natural ground burial includes a casket made of inexpensive and biodegradable material such as untreated wood, plywood, wicker, or in some cases a cloth shroud or quilt that is used to wrap the body. The shallow grave burial encourages decomposition and revitalizes the surrounding ecosystem.

While a standard gravesite is often landscaped with the use of fertilizers and pesticides and usually features a headstone made of granite or a flat bronze memorial, a natural burial can include a headstone made of rock or rough-cut limestone. Perennial plants, shrubs and trees native to the forests from the local region can be planted in one's memory. These plants grow to become beautiful gardens and forests that provide essential green space for future generations. Some cemeteries offer tree purchasing and planting services, or you may wish to choose a plant that is unique to you and arrange that it is planted by your family and friends.

**If the body is going to be buried in Ontario, it must be buried in a registered cemetery. Check ahead with your local cemetery's by-laws for their specific burial requirements.*

For more information about natural burials in Canada, please contact:

[The Natural Burial Association](#)

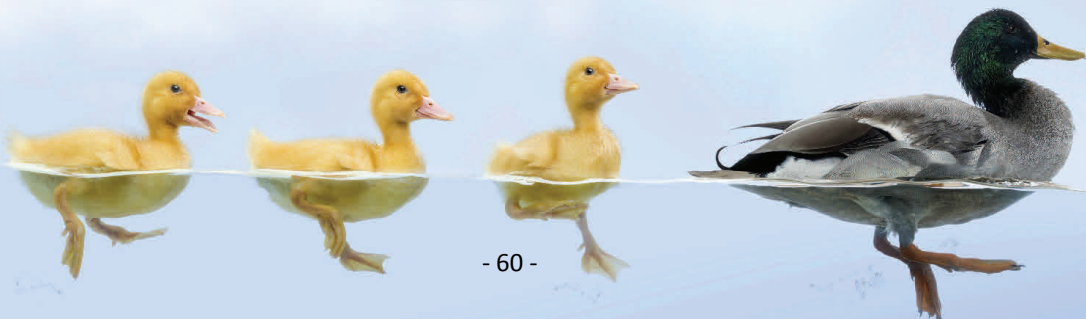
Email: info@naturalburialassoc.ca

Phone: 416.360.0044 ext.367

The Natural Burial Association

70 The Esplanade, Suite 400 Toronto, ON

M5E 1R2



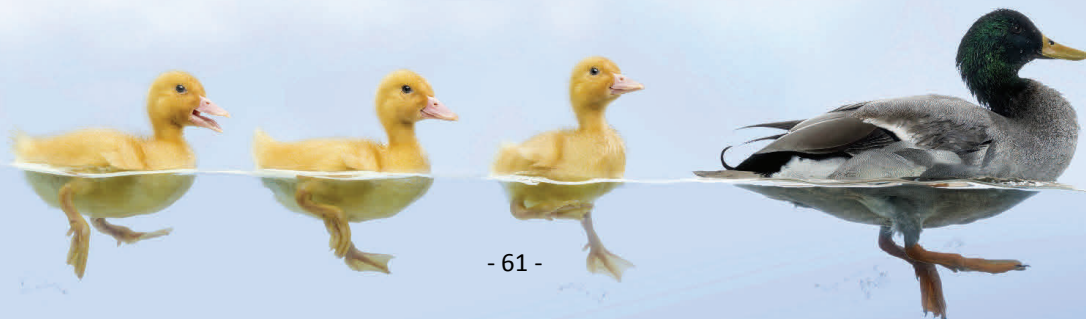
Cremation

If your preference is to be cremated, have you considered where you would like your ashes spread, by whom and whether there is a particular time and date you would prefer? Do you have a certain ritual in mind, such as a poem read or song sung during the spreading of your ashes?

There are laws stating where you are legally entitled to spread a person's ashes and where you are not allowed. Consult the [Government of Ontario website](#) or [Consumer Information Guide to FUNERALS, BURIALS, AND CREMATION SERVICES](#) published by Consumer Protection Ontario and The Board of Funeral Services for more information.

Cemetery Arrangements

I have pre-arranged my burial:	My burial costs are prepaid:	Information is stored here:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name, Address, Website and Contact Information for Chosen Cemetery:		
I have chosen a tombstone:	I have written my tombstone epitaph: <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, it is:	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide info:		
Other information about your burial or cremation not already covered:		



Life Review

How Would You Like to be Remembered?

We all want to know that our lives have meaning and serve a purpose. Taking the time to reflect on our life and share our stories with others helps us and our family and friends to know what we perceive as meaningful about our lives. Reflecting on these stories individually and sharing them with those we care about is our legacy.

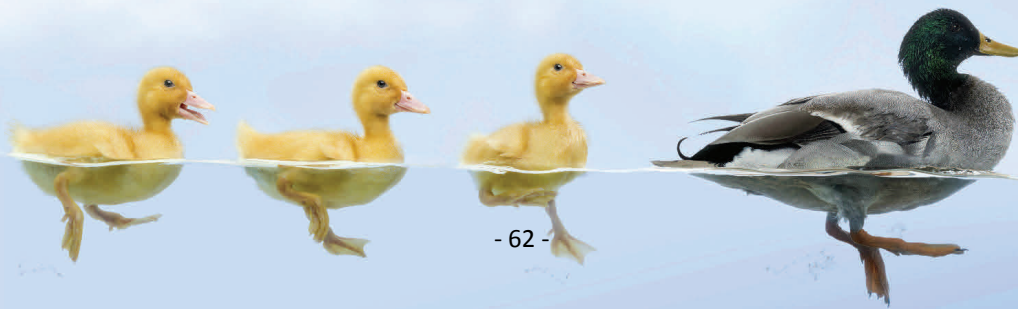
There are many creative ways to communicate your legacy. We've provided you with some questions to contemplate as you reflect upon your life. These questions may help you or your family and friends as you prepare your eulogy, obituary, epitaph, memoirs, or short stories shared during your memorial ceremony.

You may also consider sharing these stories with your family and friends while you are alive, either during a conversation or in writing, or you may wish to arrange for these stories to be given to special people after your death, perhaps during significant milestones in their lives. Some people choose to record their stories by video or by voice recorder, or by sharing their legacy in a photo album with captions or short stories.

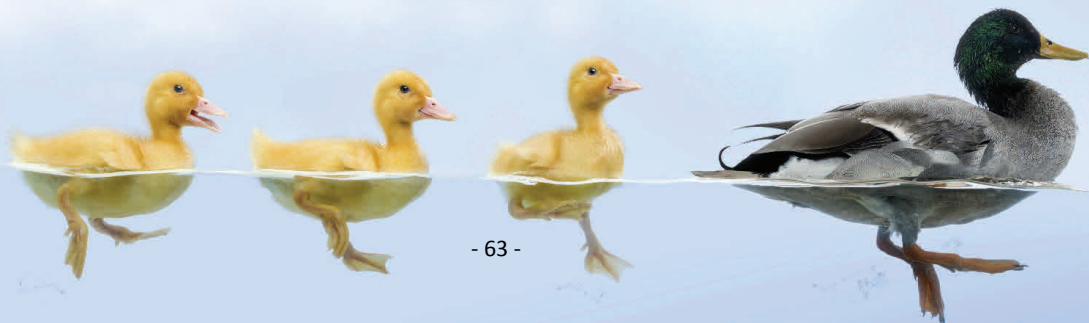
Whatever your chosen method of communication, taking the time to reflect upon your life and having a conversation with your family and friends can help create peace of mind for yourself and for your family members.

Life Review Questions to Contemplate

On the following pages, we've listed some questions for you to consider as you contemplate your life review and reflect upon your personal values and memories. We understand that some of the questions may not be suitable for you. We have created this list of questions for you to pick and choose from based on what resonates with you and what you deem appropriate.



- ◆ How do I want to be remembered?
- ◆ What would I say is my strength?
- ◆ What makes me feel alive?
- ◆ What gives my life purpose & meaning?
- ◆ Who are my heroes? Why?
- ◆ What am I most proud of?
- ◆ How do I see myself now?
- ◆ What would I say are the strengths of my family, friends, and community?
- ◆ What do I value most about my friends?
- ◆ Are there specific things that I would like my family/friends to know about me?
- ◆ What/who is the greatest love of my life?
- ◆ What/who is the greatest teacher of my life?
- ◆ What is the quality that I most admire in a man?
- ◆ What is the quality that I most admire in a woman?
- ◆ What is the quality that I most admire in an elder?
- ◆ What is the quality that I most admire in a child?
- ◆ What is my idea of happiness?
- ◆ When/where was I/am I the happiest?
- ◆ At what time and place have I been most comfortable in my own skin?
- ◆ Is there something that I feel still needs to be said to my family and friends, or something that I would like to say again?
- ◆ If I had one day to say that I am sorry to someone before I died, who would I call?
- ◆ What people, places, things have inspired me?
- ◆ Do I have a particular religious or spiritual belief? If yes, what is my story of my religion or spirituality?
- ◆ What are the spiritual highlights of my life?
- ◆ How do I feel about dying and death?
- ◆ What is my greatest fear?
- ◆ If I had three months left to live, what would I give myself permission to do? Choose one for each month.
- ◆ If I were going to live my life over again, what would I do differently? What would I do the same?
- ◆ What is my greatest regret?
- ◆ What is my favorite occupation?
- ◆ Who is my favorite writer?
- ◆ What is my most treasured possession?
- ◆ What is my motto?
- ◆ What do I think happens to me after I leave this life?
- ◆ What do I value most about my physical and mental well-being?
- ◆ Who haven't I talked with in more than one year that I would want to talk with before I die?
- ◆ Are there things I wish I had done or said?
- ◆ What is my favourite story about me?
- ◆ What is one thing nobody knows about me?
- ◆ What have I done to heal my spirit?
- ◆ What have I done to show love to myself?



Life Review

If I could live my life again, I would spend less time doing...

I would spend more time doing....

Behaviours or attitudes that held me back:

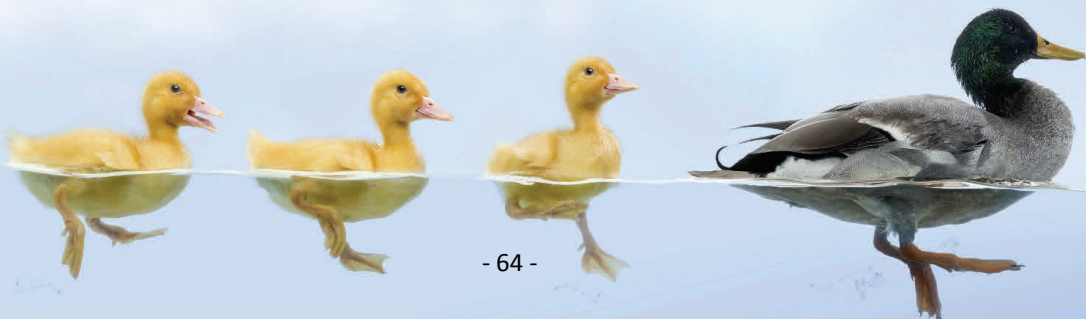
Skills or attitudes that helped me grow:

What I hope people remember about me:

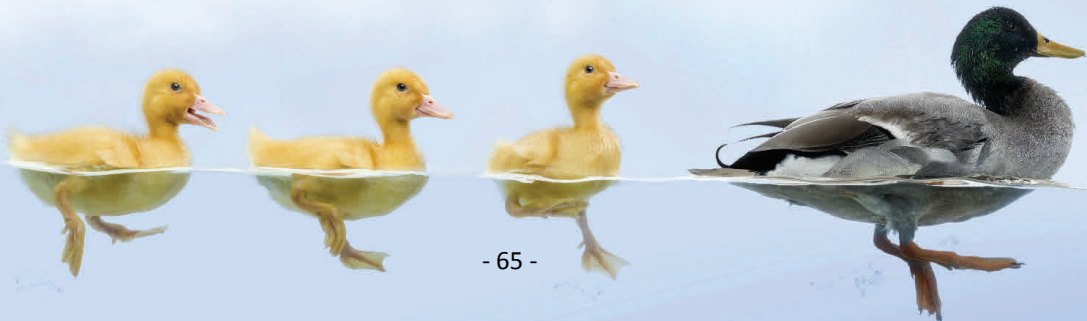
What I hope for my family:

Expectations/hopes/fears I have for society:

Things I want to share with others:



How I Want to Be Remembered:



Writing My Obituary

What do you Want your Obituary to Say?

An obituary usually includes a short description of the person's life as well as information about their upcoming memorial ceremony. When considering your own obituary, you may wish to write a more detailed memoir of your life. Perhaps you may wish to have your story published as a news article before or after your death. You may even consider recording yourself reading it, using a voice recorder or camera, or self-publish your obituary in a booklet with photographs of your life.

You may choose to write your own obituary or arrange to have someone write it for you. The [My Story: The Facts](#) section of this guide will take you through the steps of recording the biographical details that you may want included in your obituary. You may also consider taking a look at some of the contemplative questions found on the [Life Review](#) page to help you get started.

There has been a recent trend towards creating unique and very personal obituaries. A well written obituary can be a true reflection of a life well lived, and can inspire laughter, tears and thanksgiving in those that read it after you are gone. We have included a standard obituary template below, to help you get started. If you would like to write something a bit more creative, try searching the internet for unique obituaries. You will find some pretty interesting examples that may inspire you.

****Please note that for ease of writing, a male pronoun has been used for this template. Feel free to change the details to suit your situation.***

[Full name (including any nicknames)], [age of the deceased], of [city and province where he/she passed away], passed away on [date of death], [cause of death (optional)].

The funeral service will be held at [time and date of funeral] at [place of funeral]. [Name of minister] of [name of church] will be officiating. Visitation will be held at [time and date of wake] at [name of church or funeral home]. Burial will follow the funeral at [name of cemetery] at [time of burial]. Funeral arrangements are being handled by [name of funeral home].

[First name] was born in [place of birth] on [date of birth]. [He or she] graduated from [name of high school] and continued on to receive a [type of degree] from [name of school].

[First name] was married to [spouse's name] on [wedding date]; they were married [number of years].

[First name] worked as a [type of job] for [name of company] for [number of years worked]. [He/she] enjoyed [hobbies and interests]. [He/she] was also actively involved in [any charities or organizations]. His family will always remember him as [special family memories of deceased].

[First name] is survived by [spouse, grandchildren, parents, brothers and sisters, children, nieces and nephews], and other family and friends.

[First name] is preceded in death by [names of family that passed away before].

In lieu of flowers memorial donations may be given to [name and location to send donations]. The family of [full name] wishes to thank [names of any significant organizations].

Letters to Family and Friends

Are there people to whom you would want to write a letter or record a message, perhaps marked for opening at a future time?

Is there something that you want your family and friends to know or remember about you, or stories that you feel still need to be shared with those you care about?

Do you have any special memories or information about your friends or family history that you would like to record?

If you answered **yes** to any of these questions, you may wish to consider writing a letter to those closest to you. Consider special times with parents, siblings, grandparents, significant other, children, grandchildren, aunts, extended family, friends and caregivers. Perhaps there is someone with whom you've spent little time or whom you've never even met but who has left a positive and lasting impact on your life. You may consider writing to them as well.

How to Write a Farewell Letter to Your Family and Friends

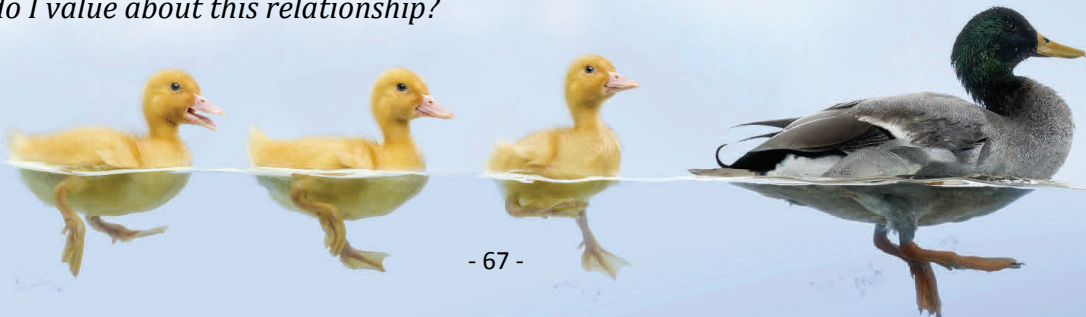
So how does one begin? For many people, thinking about writing a farewell letter to those you care about can seem like a daunting task, perhaps even a bit strange. While you may have written your share of birthday and thank you cards for others, you may not have considered writing a letter for your family and friends before your death or theirs.

There are many ways to communicate your message. Consider who you will write to, what you would like to say, as well as when and how you would like to send the letter. Your message can be addressed to several people or it could be written with just one person in mind. It can be short or detailed, composed as a song or a poem, narrated by you in a video presentation, arranged as a collage of words and images, or even organized into a photo album with short captions and stories – it's completely up to you.

This is your story for you to tell in your own way. While we've designed this section with letter writing in mind, you can use the prompts we've provided here to help you share your story in a way that suits your needs and abilities.

As you prepare to share your story, consider these questions:

- ♦ *How has this person positively contributed to my life?*
- ♦ *What have I learned because of this relationship?*
- ♦ *What do I value about this relationship?*



- ♦ *What am I grateful for about this relationship?*
- ♦ *What are some of the memories that I have when I think about our times together, times apart, holidays, and traditions?*
- ♦ *What are my hopes and dreams for this person?*
- ♦ *How would I like this person to remember me?*

Some Steps To Consider As You Write Your Letter...

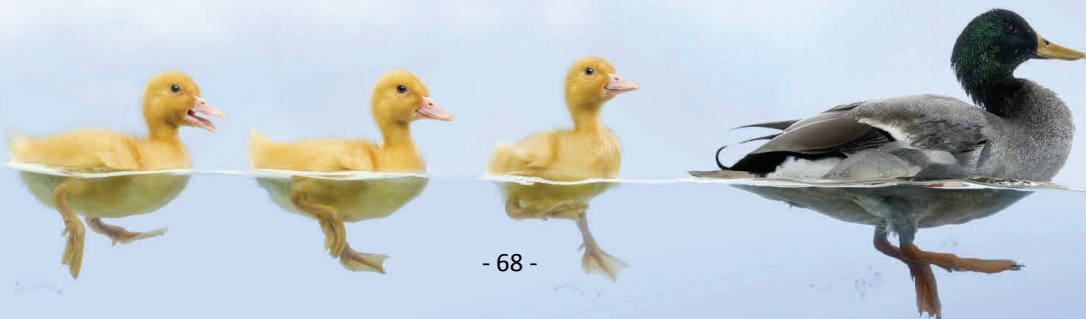
While we've provided some prompts to help you get started, there is no set "way" for how to write a letter. Let your heart and creativity guide you. Feel free to skip a step or skip all of them. This is your story and only you can choose the path that you need to take to tell it.

You may have an idea that requires some extra help from someone else. Reach out to your family and friends or a professional for support. Should you choose to research letters written at the end of life, you will find an assortment of beautifully written and touching letters available online that may inspire you as you consider how to write your own letter.

If it's possible, find a quiet and peaceful place to write your letter. Allow yourself the time and space to collect your thoughts and create your letter at a pace that feels comfortable for you. Maybe you will choose to write your letter in one short sitting. Maybe it will take a few sessions, or maybe it will take you months or years to write. Give yourself the freedom to create in a way that honours your needs. Remember to save your drafts as you go along and store them in a safe place.

Step 1: Setting Your Intentions

As you begin to write your letter, think about why you feel drawn to write a letter to this person. Jotting down your thoughts on a separate piece of paper may help you to move through this process. You may consider beginning the letter by sharing your reasons for writing. If you feel less drawn to words, you may also consider working with pictures to process your feelings, either by drawing your feelings as images or by cutting out images from a magazine that resonate with you and pasting them onto a board. Is your intention to express love, admiration, regret, forgiveness, an apology, or to resolve unfinished business? Is your intention to tell the story of your life, to pass on your family history, to pass on wisdom, or to share your spiritual memoirs? Step 1 helps you to become clear about your purpose for writing your letter.



Step 2: Reflecting On Memories

What memories do you have of this person? Does a particular moment come to mind that you would like to share? Were there moments you wished you'd been able to share with someone but never had the chance? If you have a lot of memories to sort out, you could list some of your memories on a separate sheet of paper and choose a few items that you feel drawn to share. Write a few words or sentences about these moments you shared together, or ones you wish you had been able to share. Here are some examples:

"I remember when I was a young child baking bread with you in your kitchen..."

"I remember when I found out I was going to have you in my life..."

"I remember the moment I fell in love with you..."

"Remember that night when we were kids and we stayed up really late talking about...."

"Remember that day when you listened to me talk about ... while I was crying and feeling scared. That was a really important moment for me."

"Looking back, I wish I was there for you on your wedding day and when your children were young..."

"I wish I had been there for you when you really needed me..."

Step 3: How These Memories Make You Feel...

Take some time to think about how you felt during that moment and how you feel now. Did you feel joyful, touched, satisfied, or a different emotion? What needs were met or not met? Did you feel a sense of connection, nurturance, support, acknowledgement, belonging, closeness, compassion, or love? What about you changed? What did you learn about yourself? Maybe it helped direct you to a certain path in life or to realize something important about yourself. Here are some examples:

"You listened to what I needed to say, and made me feel at home with you."

"You supported me when I was scared and reminded me that even in difficult moments you would be right by my side."

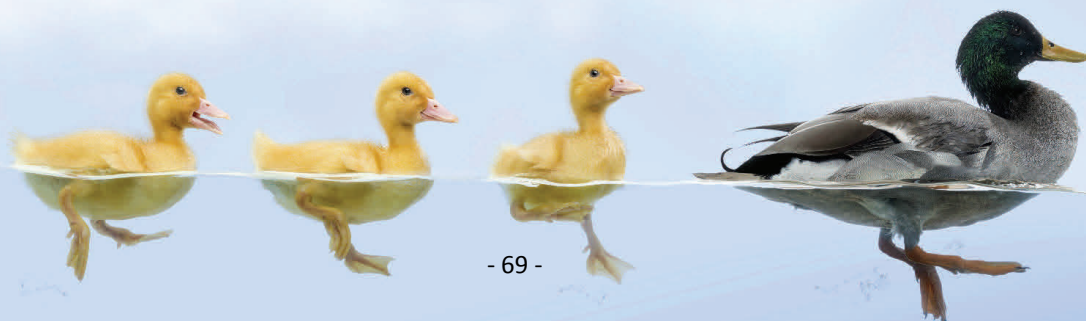
"You gave my life so much meaning. Thank you."

"You gave me the enthusiasm and support that I needed to find my direction in life."

"I'm so proud of you."

"I'm sorry."

By going through this process of recalling memories and exploring what they mean to you, it will help you clarify the important things you want this person to know.



Step 4: Bringing Your Letter to a Close

Even though a letter cannot say everything that you may wish to express to those you care about, taking the time to send a letter sends a message that the recipient matters to you. It acknowledges your love, recalls memories and evokes emotion in your reader, perhaps more than you'll ever know. It's a piece of your legacy and a way that your family and friends can feel close to you long after you're gone.

You may consider ending your letter by sharing important things that have been left unexpressed. Perhaps you may want to list qualities that you admire about this person and things they have taught you about yourself. For example, "I will always remember your sparkling eyes and warm spirit", "You have always believed in me", "You have always been there to cheer me on", "You are my best friend." Or you may want to end with something humorous and affectionate such as an inside joke or a favourite saying or phrase they will recognize.

Step 5: Reflecting on Feelings and Needs

You may wish to reflect on what feelings arise in you while writing the letter and upon completing it. How do you feel? What needs of yours have been met? A need for spiritual and/or creative expression? A need for connection? A need for authentic communication? A need to matter and to belong? If you need help identifying your feelings and needs, you can visit the [Center for Non-Violent Communication](#) website for additional ideas to consider.

Step 6: Making Arrangements to Send Your Letter

After your letter has been written, how do you wish to deliver the letter and when will you send it? Perhaps you may consider giving the letter to the recipient while you are both still alive, either in person, by sending it in the mail, or by recording yourself reading it to them. You may even consider making arrangements to have the letter sent to them at a future date, perhaps during a significant milestone, or as a series of letters sent on important dates after your death. Perhaps you wish to read your letter to your family during some kind of ritual that is significant for you. If you make arrangements to have the letter sent at a future date, ensure that you communicate with someone you trust regarding your intentions and let that person know where you've stored your letter(s). We suggest that you store your documents in one safe location or as few locations as possible to ensure that they are easy to locate. The [My Story: The Facts](#) section of this guide provides a place to record who you've written letters to and your arrangements for sending the letters after your death.

If you are interested in creating a photo album of your life with captions and stories, there are many online Canadian photo book companies that can help you organize your pictures into a cohesive bound booklet. They will professionally print your photo albums, complete with captions and short stories and ship them directly to you or your family members.

Here are some Canadian photo book companies that may interest you:

- ♦ [Photobook Canada](#)
- ♦ [Snapfish](#)
- ♦ [Elephoto](#)
- ♦ [My Picture Book](#)
- ♦ [Treasure Book](#)

Next Step - Have the Conversation!

You've nearly got all your ducks in a row! Now it's time to put all your hard work into practice. By completing this guide, you have begun to learn about the benefits of making your personal wishes known in advance. You've provided detailed information about yourself, your family, your possessions and the words you want to leave behind. In the Life Review section, you've spent time reflecting on your memories, personal values and beliefs,

Now it's time to have a conversation with the people who matter most to you, your health care team and most importantly, your Substitute Decision Maker(s). Be sure to make copies of all Advance Care Planning documents, as well as this guide, and let your substitute decision maker(s) know where they are located.

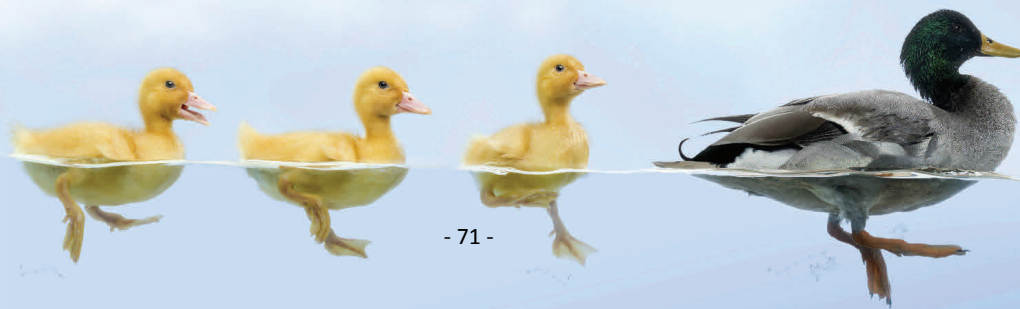
Don't duck the conversation! Set the scene and start talking...

After you choose who you wish to talk with, consider how you'd like to set the scene for the conversation. Is there a place or time that feels comfortable to you to open up the topic? Will you speak with some people individually and some in a group?

- Imagine how you will initiate the conversation, such as during a family meal, or during an outing somewhere, such as a walk outside
- Consider what you would like to say before you have the conversation. While there may be a lot on your mind, it's important to remember that you probably won't be able to share everything during one conversation. These conversations take time. Many people have difficulty talking about death and dying and they may need to meet with you several times in order to talk things through.
- Use the [**Ontario Speak Up Advance Care Planning Workbook**](#), which provides tips for having conversations, and includes information on understanding who your SDM is,.
- While this is an important conversation, remember that it can also be a wonderful opportunity to connect and share. Be clear and honest and try to enjoy the process. After all, this isn't just about planning logistics, it's about sharing your legacy. The most important thing is to speak with your heart and to make space to listen and reflect. Encourage others not to duck the conversation either!

*You may wish to e-mail your family certain documents, however, we suggest that you do not send any confidential or private information over the internet, especially information regarding your financial and legal affairs.

You've made it! Congratulations on completing the *Don't Duck The Conversation* Personal Planning Guide.



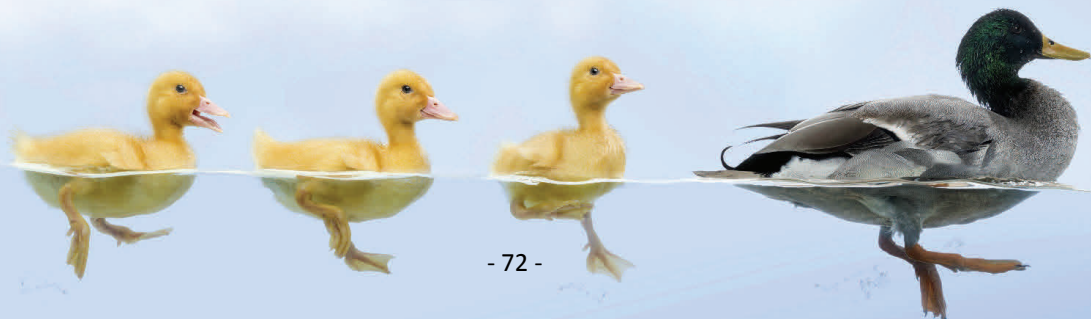
My Communication Plan

Set a date to have conversations about your preferences with the following people (substitute decision maker, family members, friends, health care team, clergy, others):

Person's Name:	Person's Role:	Topic/Date we will meet:

I have all my Ducks in a Row! I have completed the following:

<input type="checkbox"/> Don't Duck the Conversation Guide	<input type="checkbox"/> I have considered my wishes for future health care and personal care and have communicated those wishes	
<input type="checkbox"/> Power of Attorney for Personal Care	<input type="checkbox"/> Power of Attorney for Property	<input type="checkbox"/> Organ Donation Card
<input type="checkbox"/> Legal Will <input type="checkbox"/> Executor	<input type="checkbox"/> Cemetery Certificate	<input type="checkbox"/> Funeral Certificate
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Set a date to update your Advance Care Planning documentation: This should be done every year or sooner:		



When My Time Has Come

This list itemizes the tasks that need to be addressed by your family after your death. You or your family may also want to check out the [Service Ontario](#) website for answers to common questions about what to do, and what support is available, when someone dies in Ontario.

1. Contact immediate family and close friends. Check the [All About Me section](#) for a list of the people I would like contacted.

2. Contact Clergy, specifically the following:

3. Contact funeral home and/or cremation service

4. Contact extended family and friends

5. Arrange post funeral/memorial service reception or gathering

6. Write my obituary/send my pre-written obituary to the newspaper

7. Contact the lawyer to arrange for a reading of the will

Executor's Tasks:

1. Make copies of certificates of death, birth and marriage.

2. Pay and cancel credit cards.

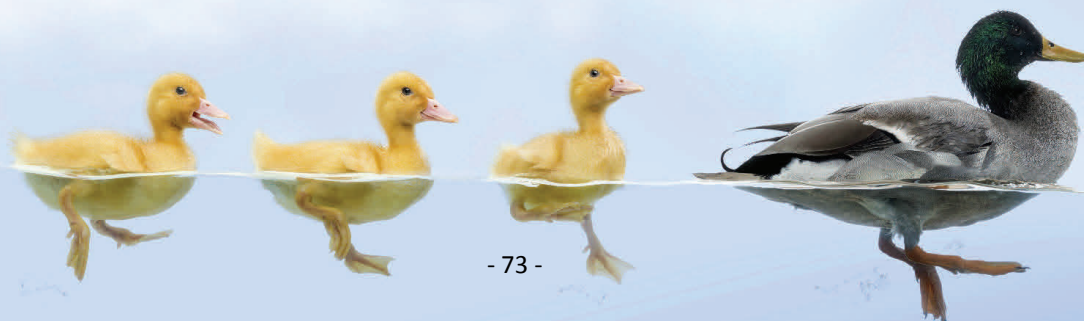
3. Notify pension plans, if applicable.

4. Contact insurance companies regarding house, car, etc.

5. Inform government agencies—taxes, health, pension, etc.

Notes:

If you're willing to share a little bit about your experience with us, please complete our [Feedback Form](#) which can be found on our website. Your comments will help us to determine if we need to make any changes to the guide to help serve you better.



Other Useful Resources

[Advocacy Centre for the Elderly](#) is a community based legal clinic for low income senior citizens. This website also provides information on wills and funeral planning. Here you can access the following documents:

- ♦ Health Care Consent and Advance Care Planning: The Basics
- ♦ HIERARCHY of Substitute Decision Makers (SDMs) in the Health Care Consent Act HCC & ACP Publications

[The Service Canada website](#) offers a list of programs and services offered by the Government of Canada that are related to some of the issues people may experience when confronting the physical, mental and financial burdens of living with a life-limiting illness or coping with the death of a family member. You will find information on how to apply for a death certificate, how to access mental health services, and how to access grants to pay for prescription drugs and other health services, just to name a few. Try the online [Benefits Finder](#) for a customized list of federal, provincial and territorial programs and services.

[A Guide to Programs and Services for Seniors in Ontario](#) is a good resource for information about programs and services available to Ontario's seniors. It is produced by the Ontario Seniors' Secretariat and distributed by [Service Ontario Publications](#).

[Health Care Consent Act](#)

[A Guide to the Substitute Decision Act](#)

References

The creators of Don't Duck the Conversation Guide wish to acknowledge the following resources, from which we have drawn inspiration and information:

Please note, some of the resources listed below were created by organizations outside of Ontario. The material found within them may not reflect current Ontario law regarding ACP.

- ♦ [Be Ready for it](#) - published by the Norfolk & Suffolk Palliative Care Academy, UK
- ♦ [It's Ok to Die](#) - published by Kris and Dr. Monica Williams-Murphy, USA
- ♦ [Begin the Conversation](#) - published by Wilmington, North Carolina-based Lower Cape Fear Hospice, USA
- ♦ [The Conversation Project](#) - published by the Conversation Project, in collaboration with the Institute for Healthcare Improvement, Cambridge Massachusetts, USA
- ♦ [Who Will Speak for You?](#) - published by End of Life Planning Canada
- ♦ [Arbor Memorial Official Family Registry](#) - published by Arbor Memorial Inc. , Canada
- ♦ [In the Checklist of Life](#) - by Lynn McPhelimy
- ♦ [One Last Gift for my Loved Ones](#) - created by Christina Stricker, Thunder Bay ON

