

My Story: The Facts

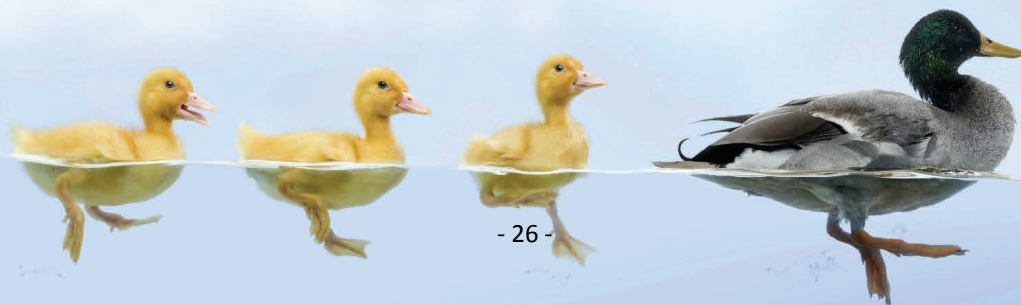
This section provides you with a place where you can write down details that will be helpful if you choose to draft your own obituary or helpful to others who may write it after your death. Once you have completed this section, you can proceed to the [Life Review](#) or [Writing my Obituary](#) section 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? ☐ Yes ☐ No By whom?:
I have written this person a letter to be sent after my death: ☐ Yes ☐ No	Location of Letter:	Person entrusted with sending personal letter:	
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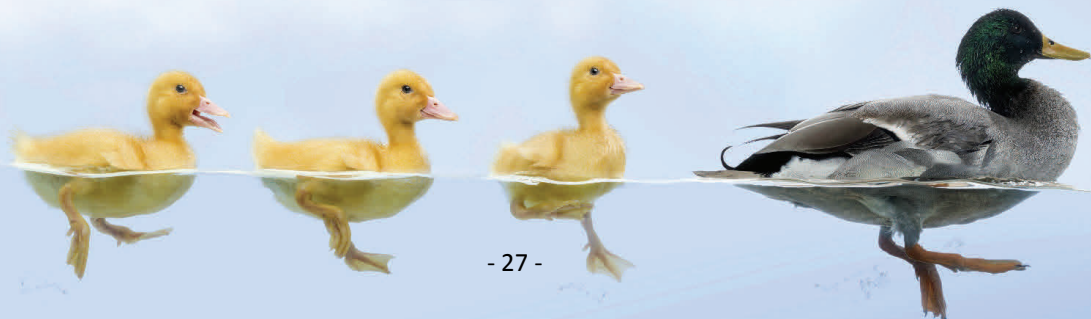
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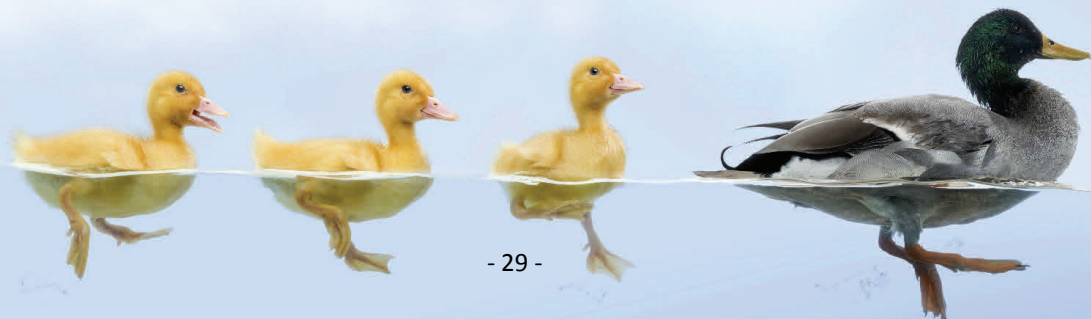
Birth Family and Friends

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?: ☐ Yes ☐ No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: ☐ Yes ☐ No	
	By whom?:	
I have written this person a letter to be sent after my death: ☐ Yes ☐ No	Location of Letter:	Person sending it:
Name/Relationship to You:	Deceased?: ☐ Yes ☐ No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: ☐ Yes ☐ No	
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	By whom?:	
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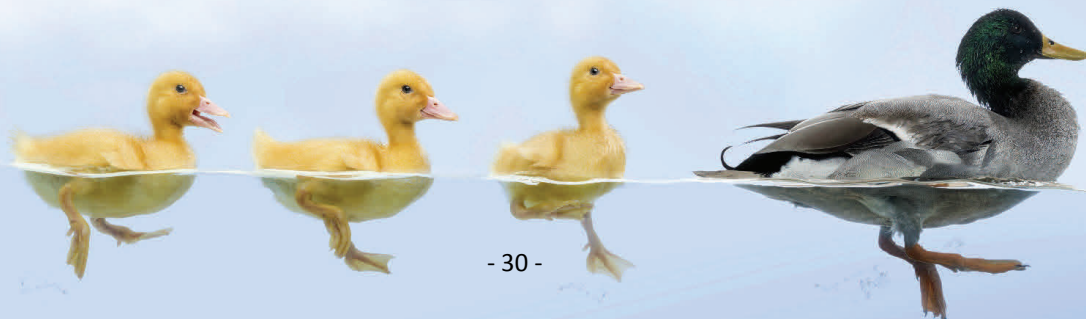
Birth Family and Friends

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

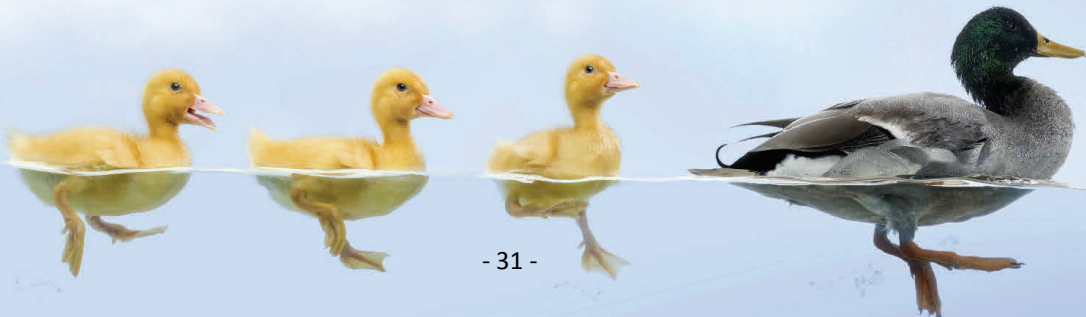
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	By whom?:	
I have written this person a letter to be sent after my death: ☐ Yes ☐ No	Location of Letter:	Person sending it:



My Spouse

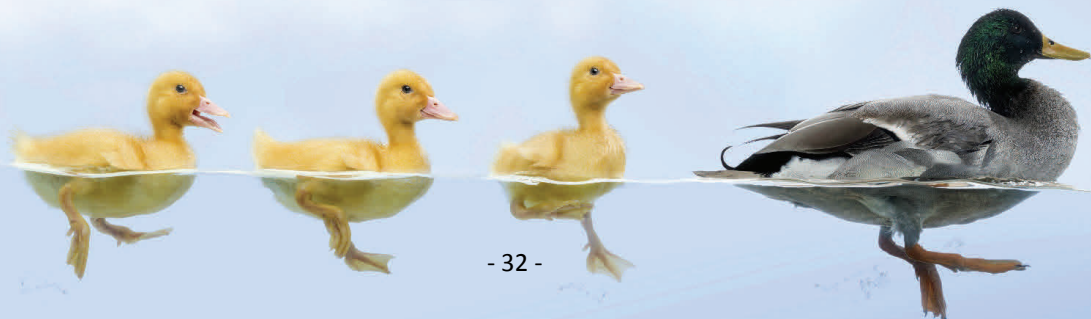
Your spouse may include your current and/or previous spouse, partner, or significant other.

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?: ☐ Yes ☐ No	List and State Location of Important Documents: Marriage license, pre-nuptial agreement, divorce decree
Employed?: ☐ Yes ☐ No Retired?: ☐ Yes ☐ No		Divorce Decree?: ☐ Yes ☐ No	Pre-Nuptial Agreement?: ☐ Yes ☐ No	
Employer:				
I have written this person a letter to be sent after my death: ☐ Yes ☐ 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?: ☐ Yes ☐ No	List and State Location of Important Documents: Marriage license, pre-nuptial agreement, divorce decree
Employed?: ☐ Yes ☐ No Retired?: ☐ Yes ☐ No		Divorce Decree?: ☐ Yes ☐ No	Pre-Nuptial Agreement?: ☐ Yes ☐ No	
Employer:				
I have written this person a letter to be sent after my death: ☐ Yes ☐ No		Location of Letter:	Person entrusted with sending personal letter:	

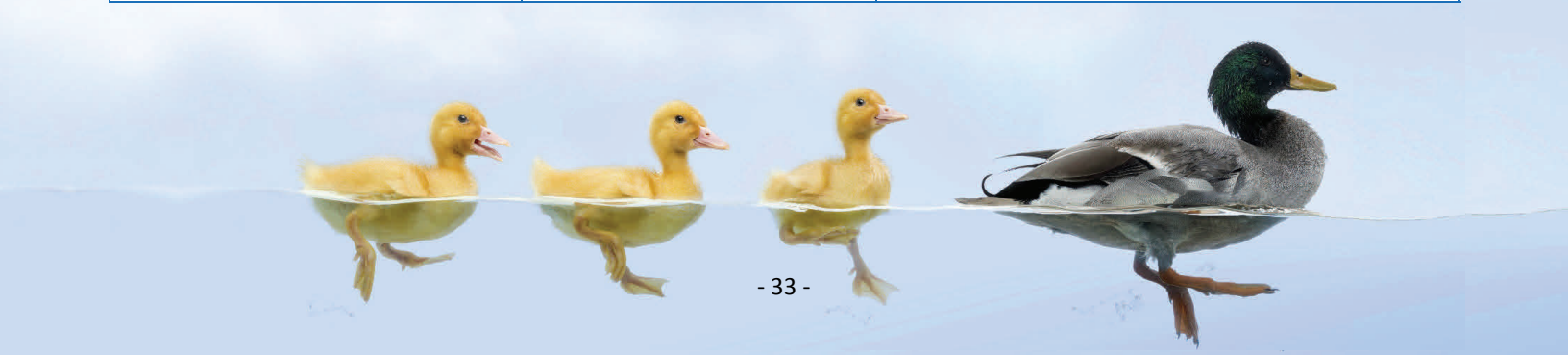


Consolidated List of Those to be Notified When I Die

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.

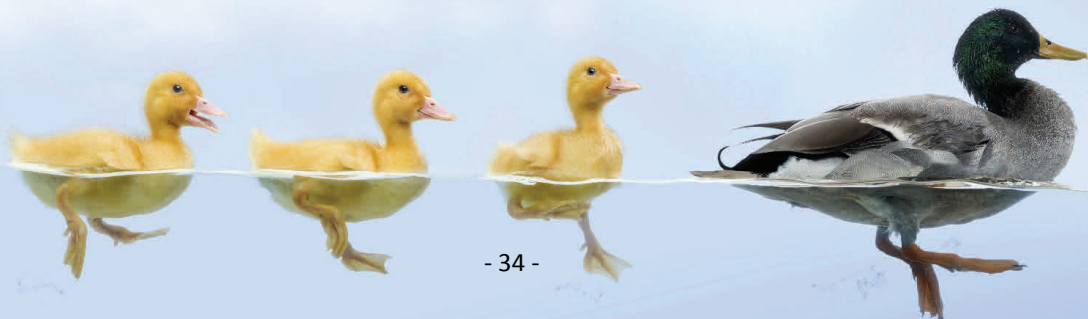
[illegible]

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:

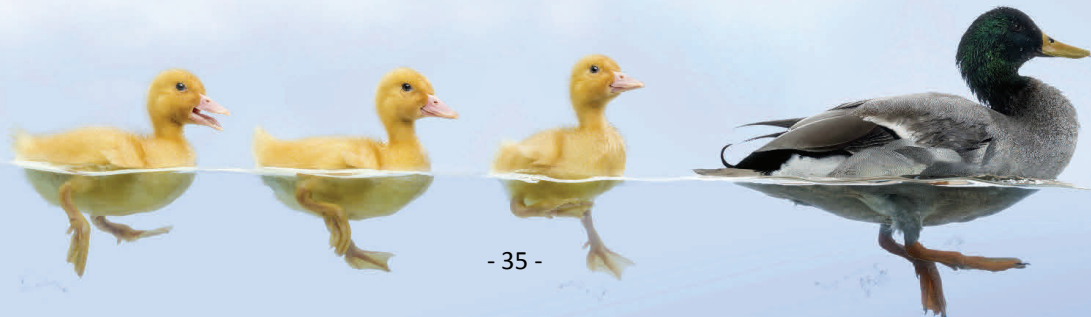
When/Where I was Discharged:

Where I Served:

Awards or Recognition I Received:

Veteran's Organization I Belong to:

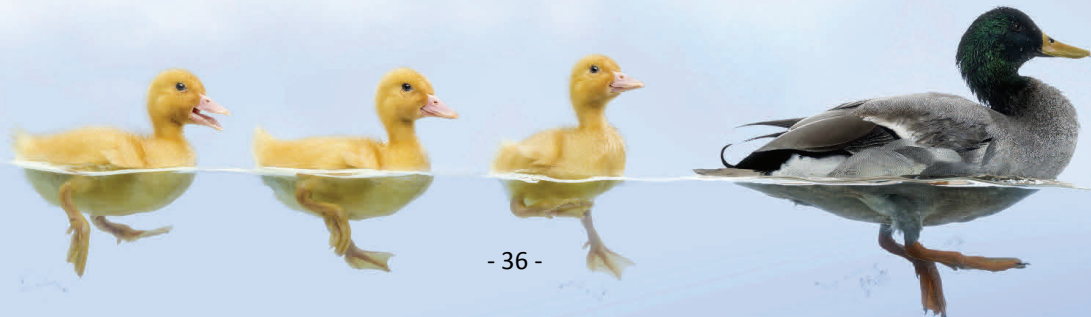
Other Information about My Military Service:



Memorable Occasions

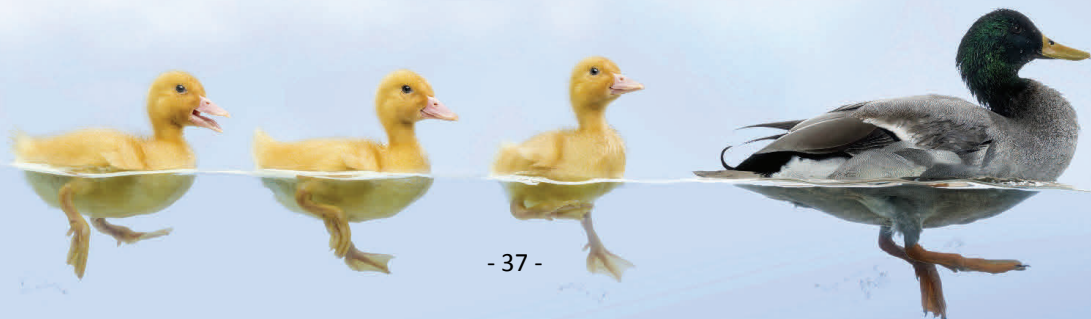
Please list memorable occasions or rites of passage, such as engagements, weddings, the birth of your children or grandchildren, religious, spiritual events or cultural events, the date of important achievements, holidays, etc. This list is to help you or your family recall memories to help with the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

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

