



All About Me

My past, present and future

Past memories, current affairs and my wishes for the future



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Introduction & Guidance

This booklet was developed by the End of Life Partnership to enable and empower you to think about, talk about and document important information about your life. It is important that we do this because our plans and wishes are more likely to be carried out if we write things down.

Keeping information in one place will help make things easier for you and your family should you be unable to express wishes in the future.

The booklet should be kept in a safe place which trusted family members or friends should be aware of. If you have a special place for emergency information, you could leave a note saying where you have put your 'All About Me' booklet.

It is important **not** to include bank account numbers, passwords, PIN numbers or other sensitive information in case your booklet is stolen or falls into the wrong hands.

Remember to check your 'All About Me' booklet on a regular basis and make any necessary alterations (in the notes & amendments section) as a result of your changing circumstances.

The 'All About Me' booklet is not a legal document and is not an alternative to a Will, a Lasting Power of Attorney or an Advance Decision to Refuse Treatment. For advice about these legal matters, please contact a solicitor or the Citizens Advice.

We hope that recording your wishes in this booklet will give you peace of mind that your affairs are in order and allows family and friends to know your future wishes.



Title (s)

Forename (s)



My Personal Details

Last Name
Date of Birth
Address
Telephone
Mobile
Email
Preferred name
Previous name (s)
Nick name (s)





My Interests & Hobbies





My Likes & Dislikes





My Achievements











My Favourite Places





My Favourite Things





My Memorable Moments











My Messages For You









My Important Relationships

ı	 ı		
Name			
Dolotionobin			
Relationship			
Telephone			
Address			
Address			
Why they are			
Important to			
me			
_			
Notes			
		 	





My Family Tree





My Pet Memories





My Current Pets

Type of Pet (s)		
Male/Female		
Microchip details		
Insurance details		
Mat Jaka IIa		

Vet details

Who will look after my pet in an emergency

Pet(s) Personality. Food preferences, kennels, cattery etc.





My Computer & Tablet

What	content of	on the	compu	ter/tabl	et is ii	mportant to	me
VVIICE			COLLEGE	icoi, cabi			, , , , ,

What should happen with this content

Who will access this content on my behalf





My Internet Storage

The content I have stored on the Cloud that are important to me
What abould become to the content
What should happen to the content
Who will access this content on my behalf





My Online Accounts

Account 1 Account 2

Type of Account

Website Address

User ID

What should happen to the account?

Account 3 Account 4

Type of Account

Website Address

User ID

What should happen to the account?





My Social Media

Account 1 Account 2 Type of Account Website Address What should happen to the account? Account 3 Account 4 Type of Account Website Address What should happen to the account?





My Financial Accounts

Account 1

Account 2

Type of Account (mortgage)

Organisation (bank)

What should happen to the account?

Account 3

Account 4

Type of Account (mortgage)

Organisation (bank)

What should happen to the account?

Safety first: It is important not to include bank account numbers, passwords or PIN numbers.





	Person 1	Person 2
Name		
Role		
Address		
Telephone number		
Email		
Notes		

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My Insurance

Organisation Name	
Email	
Telephone	Policy Number
Type of Insurance	
Renewal Date	
Organisation Name	
Email	
Telephone	Policy Number
Type of Insurance	
Renewal Date	
Safety first: It is important not to inc numbers.	clude account numbers, passwords or PIN

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My Utility & Service Providers

	Supplier Organisation	Telephone Number
Electricity		
Gas		
Water		
Landline		
Mobile		
Broadband		
TV Service		
Council Tax		
Other		
Other		



Lasting Power of Attorney My Property & Finances

Location of Documents

Attorney's (minimum of two) as listed in the LPA. Please provide their names and contact details.



Lasting Power of Attorney My Personal Welfare

Location of Documents

Attorney's (minimum of two) as listed in the LPA. Please provide their names and contact details.





Location of Document

Executor (s) as listed in the Will..
Please provide their names and contact detail.s





My Health Conditions

Current health conditions
Previous medical procedures, operations and old conditions
Current medication
Medical allergies
Food or other allergies
Dietary requirements





My Health Key People

	Person 1	Person 2
Name		
Type of Health		
Telephone		
Notes		



My Preferred Priorities for Care

Preferred place of care (care home, my home, hospice, hospital)

Who should be involved in my care

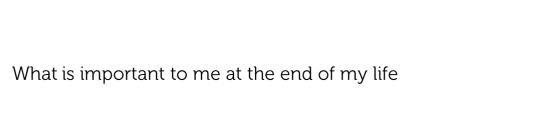
Spiritual/religious needs

What's important to me (food, drink, books, music, fresh air, tv, own clothes)

I have made advanced decisions about my care



What to do when I am Dying



How you can help me to be comfortable

How you can help me to say my goodbyes

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The funeral I would like is (traditional, none, simple, celebration)

Where I want my funeral to be

I would like the following people to speak, read, sing

I would like to be buried/cremated/leave my body to science

If I have chosen cremation I want my ashes to be

If I have chosen burial, the place I want to be buried is

I would like to wear...

I would like people to wear, do, bring...

I would like the following: (music, readings, videos, photos, flower, donations etc.)





Notes & Amendments





Find out more about the End of Life Partnership Public Health Team:

Tel: 01270 310260

Facebook: @EOLPCommunity

Email: info@eolp.org.uk

Twitter: @_EOLP www.eolp.co.uk

The End of Life Partnership

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