



MacIntyre
Providing support...your way



My plan for after I die



My name



Date of Birth



Date I finished filling in this plan



I did this plan with



We will check this plan again on



This plan is private

This plan can be shared with people who support me like family and staff and health professionals This is so they know what I want and can follow my plan



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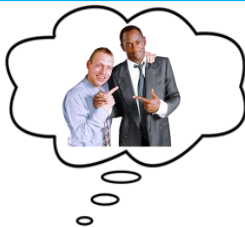
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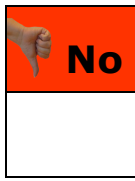
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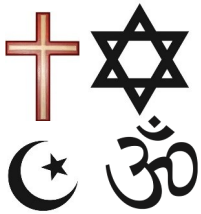
Religion and faith and beliefs and wishes



Do you have a religion

 Yes	 No


If the answer is **no** then skip to page 6



My religion is




My priest or vicar or religious leader is



Phone number





Address





My faith or beliefs or culture mean

I have important things that must happen when I die

 Yes	 No



These are things like

- opening a window
- a priest being with me when I die
- being buried within 2 days of dying



If **yes**

write the important things in the box below





You can say what is important to you when you are dying



Maybe things you want near you like

- your favourite things
- fresh bedding and pyjamas
- flowers
- favourite music
- photos

Write your important things here





Thinking about Being buried



This is what happens when you are being buried



Your body goes in a coffin



Your friends and family go to the graveyard

People will talk about your life



The coffin then goes into the ground



And then a grave stone or name is usually put on top

This may happen later



Thinking about Being cremated



This is what happens when you are cremated



Your body goes in a coffin



Your friends and family go to the crematorium

People will talk about your life



And then your body is burnt in fire

The ash is put in a pot



You can choose where you want your pot of ash to go



The ash can be put in a special place
This is called scattering the ashes



The pot can be buried

This does **not** have to be in a
graveyard





You can still have a grave stone or
name plate



What do you want to happen to your body after you die





Do you want your body to be buried

 Yes	 No
<input type="checkbox"/>	<input type="checkbox"/>

If you have chosen Yes to being buried go to pages 11 and 12





Do you want your body to be cremated

 Yes	 No
<input type="checkbox"/>	<input type="checkbox"/>

If you have chosen Yes to being cremated go to page 13



Do you want something else to happen to your body



 Yes	 No
<input type="checkbox"/>	<input type="checkbox"/>



If you have chosen Yes to something else go to page 14



I would like support to find out more about this before I make a choice

 Yes	 No
<input type="checkbox"/>	<input type="checkbox"/>





Being buried

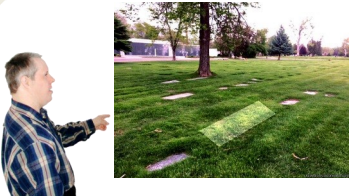


I need to buy a place to be buried

Yes	No



I want to be buried at



I already have my own place to be buried

Yes	No



This place is at



I can be buried in my family grave

Yes	No



My family grave is at



I want special things put in my coffin

Yes	No



The special things I want are



I want to have a grave stone where I am buried

Yes	No



I want a name plate where I am buried

Yes	No





I want this name and these words on my grave stone or name plate



Being cremated



I want my ashes buried

 Yes	 No
<input type="checkbox"/>	<input type="checkbox"/>





I want my ashes buried at







I want a name plate where my ashes are buried

 Yes	 No
<input type="checkbox"/>	<input type="checkbox"/>



I would like my ashes scattered

 Yes	 No
<input type="checkbox"/>	<input type="checkbox"/>



I want my ashes scattered at







I want something else to happen to my body







Thinking about - My funeral service



This is when friends and family say goodbye to the person who has died



Do you want someone to help plan your funeral

 Yes	 No
<input type="text"/>	<input type="text"/>



If yes

Fill in the boxes below



Name



Address



Phone number



This is my



Do you want a funeral director to organise your funeral

Yes	No



If yes

Fill in the boxes below

Name

Address

Phone number



Do you have a Funeral Plan

Yes	No



If yes

Fill in the boxes below



The company which has my Funeral Plan is

008563XJTR



The Policy Number is



Their phone number is



Do you want to choose who does your funeral service

 Yes	 No



If yes
Fill in the boxes below



Name



Address



Phone number



This is my



This is where I want my funeral service to be





I want my funeral service to be quiet

 Yes	 No



I want my funeral service to have noise

 Yes	 No





This is what I want people to wear at my funeral service



Some people like flowers to be sent to their family and some people like money to be given to charity



I would like flowers at my funeral service



 Yes	 No



My favourite flowers are



I would like people to give money to charity

 Yes	 No



My favourite charities are

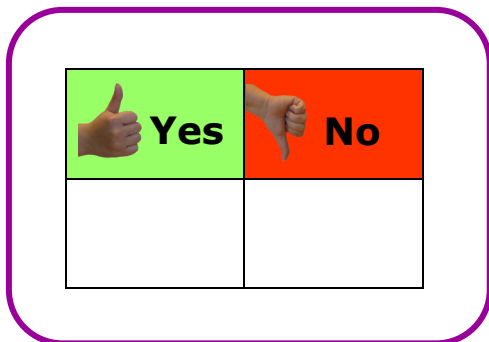




You may want people to talk about you and your life at your funeral service



You may have people that you **do not** want to talk about you and your life at your funeral service



Tick **Yes** or **No** for people in the boxes below

Name

Address

Phone number

This is my


Name

Address



Phone number

This is my

Name



Yes No

Address




Phone number





This is my



Name



Yes No

Address




Phone number





This is my



Name



Yes No




Address




Phone number





This is my



Name



Yes No




Address



Phone number





This is my





Do you want music
at your funeral
service

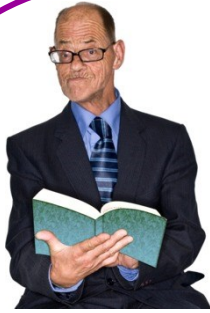
 Yes	 No





If yes

write the music you want played or sung
at your funeral service





Do you want something read at your funeral service

 Yes	 No



If yes

write what you would like read at your funeral service







Thinking about - People remembering me





I want something to be done so people remember me

 Yes	 No





I want a tree planted by my friends and family

 Yes	 No



I want my name on a bench

 Yes	 No




I want something else so people remember me



What more do I need to know to make this decision





Thinking about - A will



A will is legal paperwork
This means what it says must be done
It tells everyone what you want to happen after you die



You can choose what you want to happen

- to your body
- to your things



You can choose a person to make sure things happen the way you want them to
This person is called the Executor of the will





Your will must be written in a special way
It must be written properly because it is a legal document



Your will must be witnessed
This means someone must watch you sign your will
They must then sign it too



Do you have a will

 Yes	 No



If yes

Fill in who has your will



Name



Address



Phone number



This is my



Name



Address





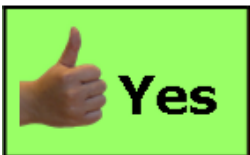
Phone number



This is my

Do you have an Executor of the will

 Yes	 No



If yes

Fill in who the Executor of the will is



Name



Address



Phone number





This is my





I do not have a will





I have decided who will get my things when I die

 Yes	 No



This is for





This is for



This is for



This is for



This is for



MacIntyre can **not** promise this will happen but we will try our best

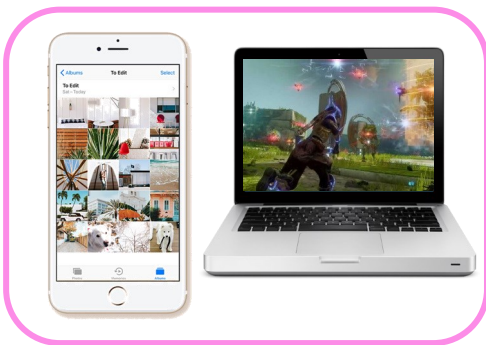


Thinking about - My technology



Lots of people use technology like

- phones
- computers
- iPads



Lots of people have things like

- photos and videos
 - stories
 - games
- on their technology

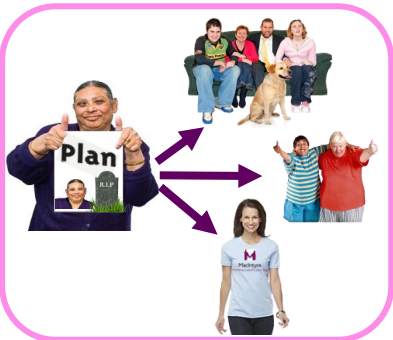


Lots of people use things like



- Facebook
- Twitter
- Snap Chat
- TikTok



You can choose a person to sort these out when you die



Do you want someone to sort out your technology when you die

 Yes	 No



If yes
Fill in the boxes below

 **Name**



 **Address**



 **Phone number**



This is my









Where will this person find your passwords and codes



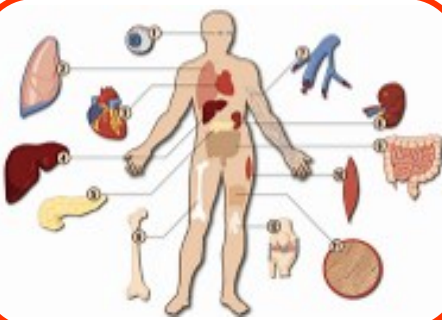


Thinking about - Organ donation when I die



You can choose to be an organ donor when you die

The law has now changed and you need to let the NHS know if you do **not** want to donate your organs

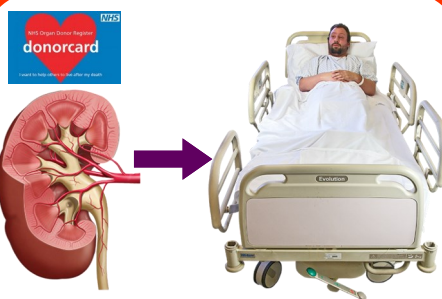


An organ is part of your body like the

- kidneys
- heart



Donation is giving somebody something for free

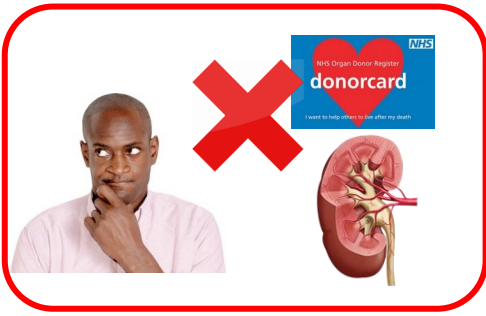


Organ donation means when you die your organs can be given to people that need them because they are very ill



You can choose if you want to do this

There is no right or wrong choice
It is up to you



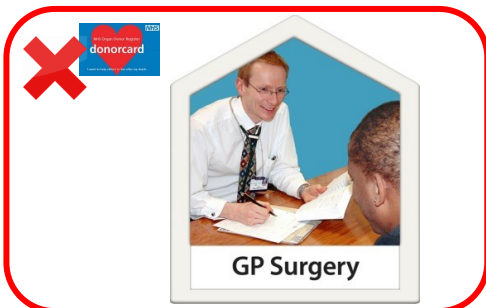
If you do **not** want to be an organ donor then you must tell everyone



- online



- by phone



- at your doctors



I have chosen to be an organ donor

Yes	No	Not sure



I would like support to find out more about this before I choose

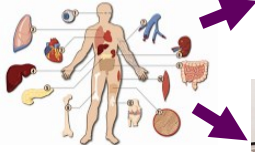
Yes	No



Thinking about— Helping science when I die

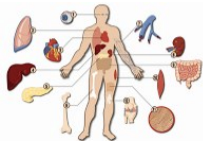


You can choose to help other people in different ways when you die



You can choose to leave your body or parts of your body

- to science
- for learning



This means scientists can use your body when you die for

- experiments
- to teach other people



You can choose if you want to do this

There is no right or wrong choice
It is up to you



I have chosen
to help
science

Yes	No	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I would like support
to find out more
about this before I
choose

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>



Sharing my information





You may want other people to have a copy of your plan like

- your family
- your doctor
- your support staff



Do other people have a copy of this plan

 Yes	 No
<input type="checkbox"/>	<input type="checkbox"/>



If yes

Fill in the boxes below and on the next page

 **Name** 

 **Address** 

 **Phone number** 

This is my 



Name



Address



Phone number



This is my



Name



Address



Phone number



This is my



Name



Address



Phone number



This is my



Name



Address



Phone number

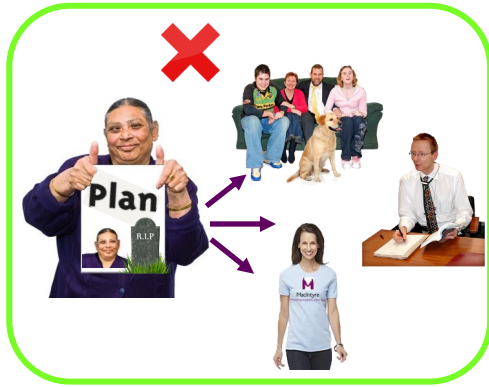


This is my





You may want other people to talk about your care or treatment



You may have people that you **do not** want to talk about your care or treatment

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Tick **Yes** or **No** for people in the boxes below

Name

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Address

Phone number

This is my

Name


Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Address



Phone number

This is my

Name



Yes No

Address




Phone number





This is my



Name



Yes No

Address




Phone number





This is my



Name



Yes No

Address




Phone number





This is my



Name



Yes No

Address



Phone number



This is my





What needs to happen next



This page is for planning
What do I want to know more about
How will staff help me with this

Insert picture

We will



Insert picture

We will



Insert picture

We will



Insert picture

We will



Your name



Staff name

