Private and confidential

Plan for when I die

Name: ……………………………………………………………

Date: ……………………………………………………………

Completed with: ………………………………………

Please treat this document with respect

Please note this document is not legally binding and could be contested in a court of law.
About yourself

I like to be known as: ........................................................................................................

I live at: ..........................................................................................................................
........................................................................................................................................
........................................................................................................................................

My telephone number is: ............................................................................................

My religion (if any) is: .................................................................................................

Name of religious figure to be contacted: .................................................................

Their telephone number: ............................................................................................

My next of kin or advocate is: .....................................................................................

Their telephone number is: ..........................................................................................

Their address is: ...........................................................................................................
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I would like the following things to be done for me, if I am dying or have died:
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Terminal illness

If I am terminally ill I would like to be cared for in my own home:

Yes  No
Circle your choice

If I am terminally ill I would like to be cared for in a hospital:

Yes  No
Circle your choice
About your burial or cremation

Burial
I would prefer to be buried.

Yes  No  
*Circle your choice*

If yes, do you have a place in a family burial plot, or have you purchased a plot?

Yes  No  
*Circle your choice*

If yes, please give details of its location.

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Cremation
I would prefer to be cremated.

Yes  No  
*Circle your choice*

If yes, where would you like your cremation to take place?

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What would you like to happen to your ashes?

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About your funeral service

Where would you like your funeral service to take place?

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Would you like the service to be formal or informal?

Formal  Informal

Circle your choice

Who would you like to attend your funeral? Please include their addresses and telephone numbers. (You may mention more people on the last page of this document.)

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Would you like music to be played at your funeral service?

Yes  No

Circle your choice

If yes, which pieces of music would you like?

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Would you like any readings (for example, a poem) to be read aloud during your funeral service?

Yes  No  Circle your choice

If yes, what would you like to have read aloud, and who would you prefer to read it?

Would you like any possessions or special objects to be placed with you in your coffin?

Yes  No  Circle your choice

If yes, please specify what the objects are:

Would you like flowers at your funeral?

Yes  No  Circle your choice

If yes, what kind of flowers?

If you would like people to make donations instead of giving flowers, what charity or cause would you like them to donate money to?
Would you like a remembrance book, in which people may write?

Yes  No  

Circle your choice

Would you like a tree planted?

Yes  No  

Circle your choice

Would you like a headstone to mark the place where your ashes or body is buried?

Yes  No  

Circle your choice

Would you like a plaque to mark the place where your ashes or body is buried?

Yes  No  

Circle your choice

Finally, is there anything else you would like at your funeral?

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Your will

Have you made a will?

Yes           No
Circle your choice

If you have made a will, who is it kept with?

…………………………………………………………………………………………………………………………

What is their address and telephone number?

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Have you got a funeral plan?

Yes           No
Circle your choice

If you have a funeral plan, please give details below:

Name of plan: ………………………………………………………………………………………………………

Policy number: ………………………………………………………………………………………………………

Agency address: ………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………
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Contact telephone number: ……………………………………………………………………………………...
Personal belongings

I would like my belongings to go to: ……………………………………………………………
……………………………………………………………………………………………………

I would like my clothes to go to: ……………………………………………………………
……………………………………………………………………………………………………

Have you registered as an organ donor?

Yes    No

*Circle your choice*

If you have, where is your donation card kept?

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Additional information

Please write any other thoughts and considerations here:

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### Best interest discussion

Following Department of Health guidance on consent it has been agreed that this person is unable to confirm their wishes in respect of their death.

To assist _______________________ with this a meeting has taken place with their representatives (*family, staff*) to complete this plan on their behalf.

Who was involved in the discussion? (Print name and title.)

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**Plan completed by:** _________________________________

**Date initiated:** ...........................................................

If the person’s wishes or feelings change please record and date these changes on a separate page.

**Review dates**

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Notes on the use of the *When I die* plan

1. General
Working through this plan is mostly self-explanatory. Work may be completed over a number of weeks or even months.

The way in which the work is first broached is very important and needs to be done in a sensitive manner at an appropriate time. Many opportunities present themselves in day-to-day life, which allows a start to be made in a natural way.

Sometimes the person concerned will understand the purpose of the plan and fill it out; at other times information may have to be gathered and decisions made in the best interest of the individual (see *Mental Capacity Act 2005*.)

2. Funeral arrangements
This section includes preferences for burial, cremation and the service which the person may wish to have a say in planning.

3. Funeral plan or bond
A funeral plan or bond may be bought from funeral firms or insurance companies. It enables pre-payment for people who can afford this and who wish it, together with a measure of protection against inflation. The *When I die* plan should state when a person has a bond and clearly give the location of the bond.

When taking out a funeral plan or bond it is imperative to have full details of what the plan/bond covers.

**Note:** depending on when the funeral plan or bond is surrendered some associated costs (for example, GP costs) may not be fully covered due to inflation.

4. Wills
People who are competent decision-makers may wish to make a will. This should be encouraged and a record of where the document is located made in the *When I die* plan.

People who do not have capacity to make decisions cannot make a will. ‘Best interest wills’ do not appear to be a legal option. However, based on their depth of knowledge, key workers and family members may wish to help the person to decide what
happens to his or her personal possessions and clothes when they die. There is a section for this information in the plan. However this is not legally binding and could be contested in a court of law.

5 Right to accept or refuse treatment
An autonomous adult with capacity to consent has the right to refuse treatment or to make it clear that they wish to receive or not receive treatment, in all or any circumstances, and to make an advance directive about this.

An exception to this is where a person is detained under the Mental Health Act. Judging a person’s capacity to make a decision is just that. It is not about whether, in the opinion of others, they are making the ‘right’ decision, but whether they are making an informed decision.

Best interest decisions do not appear to be possible in advance of the onset of a terminal illness. However, treatment decisions for people who lack capacity and who are terminally ill will be taken in their best interest at that time.

6. Donation of organs
An adult with capacity to consent can make an advance directive about organ donation. People with a learning disability who have capacity may need support and guidance. If a person has decided to become a donor, they will need to carry an organ donation card.

There does not appear to be any way in which advance directives for adults who lack capacity can be made about organ donation using the best interest principle.

7. Review
The person’s person-centred plan or care plan review may modify decisions, in which case it is important to update the When I die plan. The dates of changes must be identified in the plan and signed by the individual making these changes.

Acknowledgments: Manchester Learning Disability Partnerships for their contribution to the developing of this document. Adapted by The National Autistic Society, April 2009.