

MY LIFE BOOK

My personal information and a record of my wishes



MY LIFE BOOK

WHAT YOUR FAMILY AND EXECUTOR NEED TO KNOW

A note to the author -

Putting your affairs in order is a very thoughtful way to assist your Executor and to help your family members at an emotional time. It can also give you peace of mind knowing that you have made the important decisions and people will be aware of your wishes.

For these reasons, Southern Metropolitan Cemeteries Trust have prepared **MYLIFEBOOK** for you to complete and keep in a safe place with your Will. Although this document is not legally binding, the information it contains will provide clear directions to those close to you and help them to honour your requests.

Once complete, your **MYLIFEBOOK** will contain valuable personal information, which can be used to organise your affairs and to arrange your funeral service and final resting place. Again, please keep this in a safe place and ensure that your Executor and at least two close family members know where your documents are kept.

Take the time to ensure that your instructions are clear and that the information you provide is correct. Review it from time to time and update it, if you need to.

You may find some helpful information on the Springvale Botanical Cemetery and Bunurong Memorial Park websites:

sbc.smct.org.au

bmp.smct.org.au

A note to the reader -

If you require any assistance or clarification regarding the content of this document, please contact our Customer Care Consultants at either Springvale Botanical Cemetery or Bunurong Memorial Park.

Springvale Botanical Cemetery
(03) 8558 8278
sbc@smct.org.au

Bunurong Memorial Park
(03) 9788 9488
bmp@smct.org.au

MY LIFE BOOK

PERSONAL DETAILS

Title:

Dr

Mr

Ms

Miss

Mrs

Other _____

Surname: (*family name*) _____

Given Name(s): _____

Maiden Name: _____

Gender:

M

F

X

Date of Birth: _____

Place of Birth: (*suburb, state, country*) _____

If born overseas, date of arrival in Australia: _____



Home Address: *(suburb, state, p/code, country)*

Are you of Aboriginal or Torres Strait Islander origin?

Yes No

Contact Details:

Home Phone: _____

Mobile Phone: _____

Email Address(s): _____

Are you retired? Yes No

Are you receiving a pension? Yes No

Pension type: Centrelink Veterans Affairs

Pension Number: *(if applicable)* _____

Veterans Card/Reference Number: _____

Occupation: _____

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Name of responsible person(s) after your death:

Address of this person(s): *(suburb, state, p/code, country)*

Contact Numbers: _____

Is this person your Executor?

Yes No

If not, name and details of Executor: *(suburb, state, p/code, country)*

Contact Numbers: _____



LOCATION OF WILL

My Will is located at: *(please provide full details)*

LOCATION OF ADDITIONAL DOCUMENTS

**Please indicate where the following documents are kept or please write
'With my Will'**

- Certificate of Birth _____
 - Certificate of Marriage _____
 - Childrens' Birth Certificates _____
 - Pre-arranged funeral documents _____
 - Cemetery or Cremation Certificates _____
 - Financial documents *(eg bank books, share certificates, certificate of title, insurance policy)*
-

Are you an Organ Donor: Yes No

SIGNIFICANT RELATIONSHIP DETAILS

Relationship Status:

- Married Widow/er Divorced Never Married De facto
 Domestic Relationship (*was this registered with Victorian Registry of Births, Deaths and Marriages?*) Yes No

Relationship/Marriage (1)

Given Name(s) of Spouse/Partner: _____

Surname of Spouse/Partner: (*family name at time of relationship/marriage*)

Place of Marriage/Ceremony (*if applicable*): (*suburb, state, country*)

Date of Marriage/Ceremony (*if applicable*): _____

Relationship/Marriage (2)

Given Name(s) of Spouse/Partner: _____

Surname of Spouse/Partner: (*family name at time of relationship/marriage*)

Place of Marriage/Ceremony (*if applicable*): (*suburb, state, country*)

Date of Marriage/Ceremony (*if applicable*): _____



Relationship/Marriage (3)

Given Name(s) of Spouse/Partner: _____

Surname of Spouse/Partner: *(family name at time of relationship/marriage)*

Place of Marriage/Ceremony *(if applicable): (suburb, state, country)*

Date of Marriage/Ceremony *(if applicable)*. _____

Relationship/Marriage (4)

Given Name(s) of Spouse/Partner: _____

Surname of Spouse/Partner: *(family name at time of relationship/marriage)*

Place of Marriage/Ceremony *(if applicable): (suburb, state, country)*

Date of Marriage/Ceremony *(if applicable)*. _____

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CHILDREN

Provide details of each child in order of birth (from eldest to youngest).

1. Child's Given Name(s): _____

DOB: _____ From which Relationship/Marriage: _____

2. Child's Given Name(s): _____

DOB: _____ From which Relationship/Marriage: _____

3. Child's Given Name(s): _____

DOB: _____ From which Relationship/Marriage: _____

4. Child's Given Name(s): _____

DOB: _____ From which Relationship/Marriage: _____

5. Child's Given Name(s): _____

DOB: _____ From which Relationship/Marriage: _____

Grandchildren & Great-Grandchildren



PARENTS

Mother's Surname: (*family name*) _____

Mother's Given Name(s): _____

Mother's Surname at birth: _____

Occupation of the Mother during working life: _____

Father's Surname: (*family name*) _____

Father's Given Name(s): _____

Father's Surname at birth: _____

Occupation of the Father during working life: _____

OTHER SIGNIFICANT CARERS

Relationship: _____

MY LIFE BOOK

MY STORY

A note to the author -

The following section provides the opportunity for you to describe your life in your own words and to explain what is important to you. This will serve as a wonderful record for future generations and will provide valuable information for your eulogy.

Details of where I grew up: _____

Some of my earliest memories: _____



The best times I ever had: _____

My hobbies and special interests: _____

The most important people in my life: _____

MY LIFE BOOK

My occupation(s): _____

Some of my life accomplishments: _____

Some of my proudest moments: _____



Something that most people don't know about me: _____

My hobbies and special interests: _____

My involvement in clubs/community groups includes:

- Lions Rotary
 RSL Golf/tennis/bowling clubs
 Other (*please specify*)

BURIAL OR CREMATION ARRANGEMENTS

Pre-arranged Grave or Cremation Certificate:

Pre-paid or Family Grave Cremation Certificate

Name of Cemetery or Memorial Park: _____

Grave Location: *(if applicable)* _____

Name of Certificate Holder: _____

Pre-arranged Funeral details:

Has money been paid toward the pre-arranged funeral? Yes No

If "Yes", complete the following details.

Funeral contract number: _____

Document located at: _____

Amount paid: _____ Date paid: _____ / _____ / _____

DESIRED ARRANGEMENTS

I wish to be: Buried Cremated

I wish to be Buried/Cremated at: *(please state cemetery/crematorium)*

Please place my cremated remains at: *(cemetery/memorial park location, other)*

Desired Funeral Service: *(you may tick more than one)*

Cemetery chapel/reflection space Graveside Church Funeral Chapel

RSL involvement Lodge involvement Other

Address: *(suburb, state, p/code, country)*

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PEOPLE TO BE NOTIFIED

Next of Kin:

Name(s): _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Solicitor:

Name(s): _____

Address: _____

Business Phone: _____ Mobile Phone: _____

Executor:

Name(s): _____

Address: _____

Home Phone: _____ Mobile Phone: _____



People/Clubs/Associations:

PRESS NOTICES

I would like a Death Notice placed in:

- The Age
- The Herald Sun
- Other (*please specify*) _____

I would like a Funeral Notice placed in:

- The Age
- The Herald Sun
- Other (*please specify*) _____

I would like my Funeral to be private and therefore no Death/Funeral Notice to be placed.

MY LIFE BOOK

PERSONAL ACKNOWLEDGMENTS

Please acknowledge the following on my behalf: *(people/clubs/associations)*

Please read these words during my service: *(eg poem/letter)*

Please display the following personal items:

- Medals Art/craft work
 Photographs Sporting items
 Other *(please specify)*



FLOWERS

Floral Tribute

I would like my floral tribute to include the following flowers: *(eg colour/variety)*

Guest's flowers

Yes No

In preference to flowers, I would prefer that donations be made to the following charity:
(please specify)

CLOTHING

I would like to be dressed in the following clothes:

MY LIFE BOOK

MUSIC

I would like:

- Recorded Music Organist
 Vocalist Other (*please specify*)
 Piper

I would like the following songs/music played:

Additional requests for my service:

ESTATE INFORMATION

NAME AND BRANCH OF INSTITUTION OR COMPANY	ACCOUNT/REFERENCE NUMBER
Bank or Building society accounts	
1.	
2.	
Investment accounts	
1.	
2.	
Mortgage	
1.	
2.	
Hire purchase agreements	
1.	
2.	
Bank card or credit cards	
1.	3.
2.	4.
Insurance policies	
1.	
2.	
Superannuation	
1.	
Life Insurance policies	
1.	
2.	
Health - medical benefits	
1.	
2.	
Medicare number	
1.	
Drivers licence number	
1.	
Other assets	
1.	3.
2.	4.
Computer password	
1.	
Email password	
1.	
Social media login details (please specify)	
1.	

MYLIFEBOOK

My personal information and a record of my wishes

ESTATE INFORMATION

I have completed this MYLIFEBOOK in order to help my family with my estate and to assist in the preparations for my funeral service. I respectfully request that my wishes are honoured.

Name:

Signature:

Date: