



# ALL ABOUT ME

My past, present and future

Past memories, current affairs and my wishes for the future



Developed by EoLP Public Health Team  
[www.eolp.org.uk](http://www.eolp.org.uk)





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

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. It may also make decisions easier for family and friends following your death. It is important that we do this because our plans and wishes are more likely to be carried out if we write things down.

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 keep 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 was stolen or fell 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.

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# My Personal Details

Title(s)	
Forename(s)	
Surname (last name)	
Date of birth	
Address	
Postcode	
Telephone number	
Mobile number	
Email	
Nick name	
What I like to be called	
Previous name (s)	



# My Interests & Hobbies



# My Likes & Dislikes



# My Achievements

A large, empty rectangular box with a light blue background, intended for writing or drawing achievements.



# My Bucket List

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# My Favourite Places





# My Favourite Things

A large, empty rectangular box with a light blue background and a thin dark border, intended for writing or drawing.



# My Memorable Moments

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# My Talents

A large, empty rectangular box with a light blue background and a thin black border, intended for writing or drawing.



# My Messages for You

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# My Thoughts

A large, empty rectangular box with a light blue background and a thin black border, intended for writing thoughts.



# My Important Relationships

Name

Relationship

Address

Telephone  
number

Mobile number

Email

Date of Birth

Notes



# My Family Tree

A large, empty rectangular box with a light blue background and a thin black border, intended for drawing or writing a family tree.



# My Pet Memories

A large, empty rectangular area with a light beige background, intended for writing or drawing pet memories.





# My Current Pets

Type of pet			
Name			
Male/ Female		Age	
Vet name and contact details			
Insurance details			
Is the pet 'chipped'? If so, write details here			
Who will take care of your pet in case of emergency?			
Behaviour and characteristics of your pet. Food preferences, usual kennels, etc.			



# My Computers & Tablets

Type of Computer: Location:

What content on the computer is important to you?

What should happen with this content?

How to access the content. Is the computer and/or the files password protected? Who have you trusted to access the computer?

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# My Internet Storage

What content do you have stored on websites and in the Cloud?

What should happen to the content?

How to access the content. Is the content password protected?  
Who have you trusted to access the content?

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# My Online Accounts

	Account 1	Account 2
Type of Account	<input type="text"/>	<input type="text"/>
Website Address	<input type="text"/>	<input type="text"/>
User ID/ Account	<input type="text"/>	<input type="text"/>
What should happen to the account?	<input type="text"/>	<input type="text"/>



# My Social Media

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



# Financial Accounts

	Account 1	Account 2
Organisation (Bank / building society etc.)		
Type of account (e.g. current, mortgage etc)		
Notes		

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

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# My Financial Matters- Key People

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Role	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>	<input type="text"/>



# My Insurance

Organisation name	
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Organisation telephone number		Email	
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Type of insurance & policy number	
-----------------------------------	--

Renewal date, notes	
---------------------	--

Organisation name	
-------------------	--

Organisation telephone number		Email	
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Type of insurance & policy number	
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Renewal date, notes	
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# My Utility & Service Providers

	Supplier organisation	Telephone number
Electricity		
Gas		
Water		
Telephone		
Mobile		
Broadband		
TV Provider		
Council tax		
Other		
Other		
Other		
Other		



# Lasting Power of Attorney My Property & Financial

Location

Attorneys as listed  
in the LPA. Please  
provide their name  
and contact details



# Lasting Power of Attorney My Personal Welfare

Location

Attorneys as listed in the LPA. Please provide their name and contact details



# My Will

Location – where is your Will kept?

Executor(s) as listed in the Will. Please provide their name and contact details



# My Health Conditions

Current health conditions

Previous medical conditions, procedure and operations

Current medicines

Medicine allergies

Food allergies

Dietary requirements



# My Health Matters – Key People

	Person 1	Person 2
Type		
Name		
Address		
Telephone		
Notes		



# My Preferred Priorities for Care

Preferred Place of Care  
Home, Care home,  
hospice, hospital etc.

Which people  
should be involved  
in my care

Religious, spiritual  
beliefs

What is important to  
you  
e.g. type of food,  
music, fresh air

Notes



# What to do when I die

Empty rectangular box for notes.

Empty rectangular box for notes.





# Notes & Amendments

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

[www.eolp.co.uk](http://www.eolp.co.uk)

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