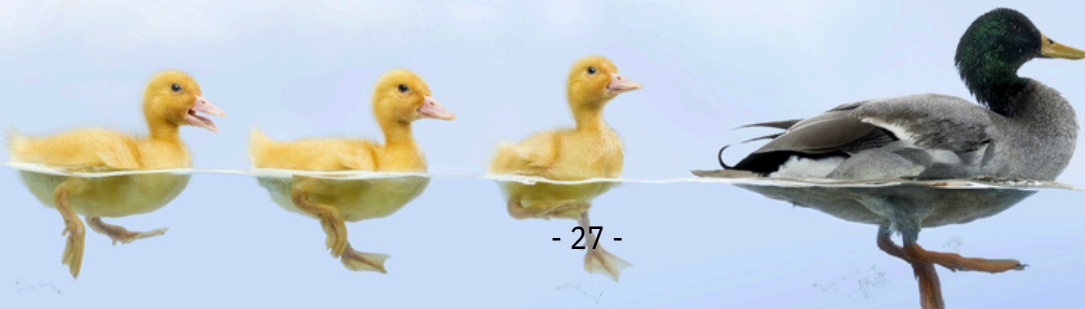


My Story: The Facts

This section provides you with a place where you can write down details that will be helpful if you choose to draft your own obituary or helpful to others who may write it after your death. Once you have completed this section, you can proceed to the *Life Review* or *Writing my Obituary* section if you wish to write your own Life Story or Obituary.

My Story: The Facts

My Parents and/or Care Providers This can include biological, adopted, or foster parents, guardians and other people who cared for you			
Name and Relationship:	Date of Birth and/or Death:	Place of Birth:	Contact after your death? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?:
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	
Name and Relationship:	Date of Birth and/or Death:	Place of Birth:	Contact after your death? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?:
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	



My Parents and/or Care Providers

Name and Relationship:	Date of Birth and/or Death:	Place of Birth:	Contact after your death? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?:
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	
Name and Relationship:	Date of Birth and/or Death:	Place of Birth:	Contact after your death? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?:
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	
Name and Relationship:	Date of Birth and/or Death:	Place of Birth:	Contact after your death? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?:
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person entrusted with sending personal letter:	

Additional Notes:

Birth Family and Friends

Please identify the names of your siblings and other birth family members such as grandparents, aunts, uncles, cousins and very close friends below. If you wish these people to be notified after your death, please check the box below and indicate who will be responsible for notifying them. If you would like a personal letter sent to someone, you can indicate that here as well. The *Sharing My Story* section provides help with how to draft your letters to your family and friends.

Name/Relationship to You:	Deceased?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Name/Relationship to You:	Deceased?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Additional Notes		

Birth Family and Friends

Name/Relationship to You:	Deceased?: <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Name/Relationship to You:	Deceased?: <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Additional Notes		

Birth Family and Friends

Name/Relationship to You:	Deceased?: <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Name/Relationship to You:	Deceased?: <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, indicate death date below:	
Email/Phone/Address:	Contact after your death?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	By whom?:	
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Letter:	Person sending it:
Additional Notes		

My Spouse

Your spouse may include your current and/or previous spouse,
partner, or significant other.

Name and Relationship Status: <small>Married/common law/seperated/divorced</small>		Date of birth/Death:	Place of birth/Death:	Address: <small>if different than your address:</small>
Home Phone #:	Cell Phone #:	Email Address:	Marriage License?:	List & State Location of Important Documents: <small>Marriage license, pre-nuptial agreement, divorce decree</small>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Divorce Decree?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Prenuptial Agreement?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:				
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of Letter:	Person entrusted with sending personal letter:	
Name and Relationship Status: <small>Married/common law/seperated/divorced</small>		Date of birth/Death:	Place of birth/Death:	Address: <small>if different than your address:</small>
				<small>Marriage license, pre-nuptial agreement, divorce decree</small>
Home Phone #:	Cell Phone #:	Email Address:	Marriage License?:	List & State Location of Important Documents: <small>Marriage license, pre-nuptial agreement, divorce decree</small>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Retired?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Divorce Decree?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Prenuptial Agreement?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer:				
I have written this person a letter to be sent after my death: <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of Letter:	Person entrusted with sending personal letter:	

Consolidated List of Those to be Notified When I Die

Name:	Relationship to you:	Contact Information:

My Biographical Information

My Cultural Background:		
My Education/Schools I Attended:	Years Attended:	Certificate/Degree/Diploma:
Employment/Volunteer History Name of Organization:	Dates I Worked:	Position/Job Title:
Organizations/Affiliations:	Achievements and Recognitions:	

My Faith, Community and Military Information

My Church or Religious Affiliation:	Address and Phone #:
My Religious Leader/Clergy Person:	My Church Group:
Community Groups I Belong to:	
Branch of Military Service/Unit/ Regiment:	When and Where I Entered the Service:
When/Where I was Discharged:	Where I Served:
Awards or Recognition I Received:	Veteran's Organization I Belong to:
Other Information about My Military Service:	

Memorable Occasions

Please list memorable occasions or rites of passage, such as engagements, weddings, the birth of your children or grandchildren, religious, spiritual events or cultural events, the date of important achievements, holidays, etc. This list is to help you or your family recall memories to help with the process of writing your obituary, eulogy and sharing stories about your life.

Event/Occasion:	Date:	Place:
Notes:		
Event/Occasion:	Date:	Place:
Notes:		
Event/Occasion:	Date:	Place:
Notes:		

Memorable Occasions

Event/Occasion:	Date:	Place:
Notes:		
Event/Occasion:	Date:	Place:
Notes:		
Event/Occasion:	Date:	Place:
Notes:		
Event/Occasion:	Date:	Place:
Notes:		

My Fondest Memories

Classmates I remember:	Teachers I remember:
Significant World Events:	Best Friends:
First Love:	Favourite Jobs:
Special Holiday Traditions:	Special Pets:
Special Vacations:	Favourite Places:
Notes:	