



**INSTRUCTIONS FOR MY NEXT OF KIN IN THE EVENT OF MY DEATH**

**PLEASE DO NOT DESTROY – KEEP IN A SAFE PLACE**

**Please inform the Fire Service of my death in writing to:**

South Yorkshire Fire & Rescue Payroll & Pensions Section, 197 Eyre Street, Sheffield, S1 3FG

|                 |                  |
|-----------------|------------------|
| <b>Name:</b>    |                  |
| <b>Address:</b> |                  |
|                 |                  |
|                 |                  |
|                 | <b>Postcode:</b> |

|                        |  |
|------------------------|--|
| <b>Date of Birth:</b>  |  |
| <b>Place of Birth:</b> |  |
| <b>N.I. Number:</b>    |  |

**My Doctor:**

|                 |                |
|-----------------|----------------|
| <b>Name:</b>    |                |
| <b>Address:</b> |                |
|                 |                |
|                 | <b>Tel No:</b> |

**My will can be found: At Home/Solicitors:**

|                 |                |
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| <b>Name:</b>    |                |
| <b>Address:</b> |                |
|                 |                |
|                 | <b>Tel No:</b> |

**My Executor(s):**

**Executor 1**

|                 |                |
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| <b>Name:</b>    |                |
| <b>Address:</b> |                |
|                 |                |
|                 | <b>Tel No:</b> |

**Executor 2**

|                 |                |
|-----------------|----------------|
| <b>Name:</b>    |                |
| <b>Address:</b> |                |
|                 |                |
|                 | <b>Tel No:</b> |

**Executor 3**

|                 |                |
|-----------------|----------------|
| <b>Name:</b>    |                |
| <b>Address:</b> |                |
|                 |                |
|                 | <b>Tel No:</b> |

**Length Service**

|                                 |  |
|---------------------------------|--|
| <b>My date of service from:</b> |  |
| <b>Retirement on:</b>           |  |
| <b>My Role at Retirement:</b>   |  |
| <b>Payroll Number:</b>          |  |

**My Widow/Widower/Partners Name/Next of Kin:**

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**My Insurance Companies are:**

**Name:**

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**Address:**

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**Tel No:**

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**Name:**

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**Address:**

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**Tel No:**

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**The Documents Can Be found at:**

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**Banks Details:**

**Bank 1**

**Name:**

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**Address:**

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**Tel No:**

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**Bank 2**

**Name:**

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**Address:**

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**Tel No:**

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*Please inform Department for Work & Pensions, Inspector of Taxes, (Telephone, Electricity, Gas, Water if home is to be vacated).*

**DETAILS FOR MY FUNERAL**

**Undertaker:**

**Name:**

**Address:**

**Tel No:**

**Funeral:**

I wish to be: BURIED / CREMATED / MY BODY LEFT TO SCIENCE

OTHER: (please specify):

**Church Service:**

YES / NO / HUMANIST

If YES: VICAR – PRIEST – RABBI – IMAM - MINISTER -OTHER- (please specify):

**NAME:**

**Tel No:**

**Donations:** (Please add your preferences)