

## **TO WHOMEVER TAKES THE RESPONSIBILITY FOR MY FINAL ARRANGEMENTS**

In calm recognition of the inevitable, I have given thought to my personal wishes concerning my final arrangements. I feel that the effort I have made to pull information together and state my wishes will minimize the emotional strain on my survivors. I do not wish them to be burdened by the great pressures of having to make immediate decisions on unfamiliar matters that inescapably must be made then if I do not make them now.

Difficult though it may be for me to set this down, I feel that my loved ones would find it more difficult to make the decisions with no indication of my specific wishes.

Though these wishes may not be legally binding, I trust that they will help my survivors avoid confusion, extra expense, or the least self-reproach that might arise because of doubts, omissions, or commissions.

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Signature

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Date

## Last Rites

Remembering all those wretched funerals I have attended and also the truly beautiful and inspiring ones, I make the following plans. I desire and hope my service to reflect my life, faith, and love.

*“The liturgy for the dead is an Easter liturgy. It finds all its meaning in the resurrection. Because Jesus was raised from the dead, we too, shall be raised.*

*The Liturgy, therefore, is characterized by joy, in the certainty that ‘neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in creation, will be able to separate us from the love of God in Christ Jesus our Lord.’*

*This joy, however, does not make human grief unchristian. The very love we have for each other in Christ brings deep sorrow when we are parted by death. Jesus himself wept at the grave of his friend. So, while we rejoice that one we love has entered into the nearer presence of our Lord, we sorrow in sympathy with those who mourn.” **The Book of Common Prayer, page 507***

(When possible, it is suggested that you fill out the following in consultation with your clergy, providing a copy of these instructions for the church.)

*“The death of a member of the church should be reported as soon as possible to, and arrangements for the funeral should be made in consultation with, the Minister of the Congregation.” **The Book of Common Prayer, page 490.***

Circumstances permitting, I wish my Burial Service to take place at:

\_\_\_\_\_ Church

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Celebrant \_\_\_\_\_

My second choice would be: \_\_\_\_\_

*“Baptized Christians are properly buried from the church. The service should be held at a time when the congregation has the opportunity to be present.” **The Book of Common Prayer, page 490.***

The service shall be “The Burial of the Dead” from *The Book of Common Prayer*.

Rite I \_\_\_ or Rite II \_\_\_

\_\_\_ I request the Burial Office only to be read

\_\_\_ I request the Burial Office and Eucharist be done

Suggested pallbearers: \_\_\_\_\_

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If possible, I would like to have the following Psalms and Lessons (for suggestions, see *The Book of Common Prayer, pages 494 ff*).

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I would especially like the following hymns:

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*“The coffin is to be closed before the service, and it remains closed thereafter. It is appropriate that it be covered with a pall or other suitable covering.” **The Book of Common Prayer, page 490.***

(NOTE: Some parishes permit the use of a pall only, within the church building.)

(Policy regarding acceptance of flowers within the church buildings may vary. Instead of sending flowers, many prefer to make a more lasting memorial. Most parishes have both a general memorial fund and a building fund, as do many other charities. Memorial gifts may also be made to the Diocese of Olympia or to the specialized programs and ministries of the Diocese of Olympia.)

(If you so desire, please indicate where you would like to have such contributions made:)

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I prefer to be:

Buried

Cremated

Before or  after the funeral

Disposal of Ashes \_\_\_\_\_

I have made arrangements or prefer to work with the following funeral home or cremation society: \_\_\_\_\_

Location of cemetery lot deed, crypt deed, columbarium contract:

\_\_\_\_\_

I have made arrangements to have certain parts or all of my body donated to:

\_\_\_\_\_

Coffin specifications:     Least expensive     Mid-range     Elaborate

I \_\_\_ do / \_\_\_ do not wish to have my coffin open at the funeral home.

Other information for my survivors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

# Information For My Friends and Family

Final Directions and instructions upon the death of:

\_\_\_\_\_  
Name Date

(File this information where it will be found easily upon your death. It is suggested that you also file this with your local church or your attorney, and notify your heirs that the form has been completed for their information.)

Name (Complete) \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Baptism Date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Address: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_ Spouse's Place of Birth: \_\_\_\_\_

Spouse's Baptism Date: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Name and Address of Home Church: \_\_\_\_\_  
\_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Birth Date/Place: \_\_\_\_\_ Living  Yes  No

Mother's Full Name: \_\_\_\_\_

Birth Date/Place: \_\_\_\_\_ Living  Yes  No

Names, addresses, and phone numbers of living brothers and sisters:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(We also recommend keeping an up-to-date address and telephone book. This can be a big help in notifying others in times of emergency.)

Location of Book \_\_\_\_\_

Names, addresses, and phone numbers of other persons to notify upon my death:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The following nearby person has agreed to care for my family (or pets) temporarily:

\_\_\_\_\_

My Occupation: \_\_\_\_\_

Employer (Name & Address): \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Will Executed on: \_\_\_\_\_ Will is located at \_\_\_\_\_

Personal Representative's ("Executor's") name and address: \_\_\_\_\_

\_\_\_\_\_

Bank Accounts/Savings Institution Accounts/Other Income-Producing Accounts:

<i>Name of Institution</i>	<i>Type</i>	<i>Account Number</i>
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1.	_____	_____
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2.	_____	_____
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3.	_____	_____
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4.	_____	_____
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5.	_____	_____
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Safe Deposit Box Number & Location: \_\_\_\_\_

Location of Safe Deposit Box Key: \_\_\_\_\_

\_\_\_\_\_

Armed Forces:      Date of Service: \_\_\_\_\_ Branch: \_\_\_\_\_  
Serial Number: \_\_\_\_\_  
Discharge Certificate located at: \_\_\_\_\_

Attorney's name and address: \_\_\_\_\_  
\_\_\_\_\_

Investment counselor or banker's name and address: \_\_\_\_\_  
\_\_\_\_\_

Insurance agent's name and address: \_\_\_\_\_  
\_\_\_\_\_

<i>Life Insurance Co.</i>	<i>Amount</i>	<i>Certificate #</i>	<i>Beneficiary</i>
1. _____			
2. _____			
3. _____			
4. _____			

Insurance Policies are located at: \_\_\_\_\_  
\_\_\_\_\_

Credit and charge accounts:

<i>Company</i>	<i>Account Number</i>
_____	
_____	
_____	

Passwords: Where can we find passwords to accounts on your computer? \_\_\_\_\_  
\_\_\_\_\_ Do you need a password to enter your computer? \_\_\_\_\_  
If so, what is the password or where can we find it? \_\_\_\_\_  
\_\_\_\_\_

Organizations/Associations/Societies/Unions/Lodges/Professional Association, etc. (include office or position--past/present, and check if organization is to be notified).

*Organization*

*Notify?*

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Regarding disposition of personal effects (clothes, jewelry, paintings, etc.) unless otherwise specified in will: *(Note: this list expresses your preferences but has no legal standing; in your will you may incorporate by reference such a list to make it legally binding.)*

*Article*

*Beneficiary*

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Since the survivor will be faced with many problems, the following additional documents may be necessary in establishing rights to insurance, pensions, Social Security, ownership, relationship, etc. Indicate location for each item listed.

**(H) Home (D) Safe Deposit Box (O) Office (A) Attorney**

- |  |   |
|--|---|
| <input type="checkbox"/> Marriage License                                | <input type="checkbox"/> Legal proof of age/birth certificate |
| <input type="checkbox"/> Citizenship papers                              | <input type="checkbox"/> Survivor's Pension Information       |
| <input type="checkbox"/> Bill of Sale for car/title, reg.                | <input type="checkbox"/> Stocks                               |
| <input type="checkbox"/> Bank books                                      | <input type="checkbox"/> Other _____                          |
| <input type="checkbox"/> Deeds to property                               | <input type="checkbox"/> Other _____                          |
| <input type="checkbox"/> Income tax returns,<br>receipts/canceled checks |   |





