INFORMATION FOR LOVED ONES © 2017

Issues of death and dying have become more difficult today because dying has become, in our society, a complicated matter. Medical advances bring with them questions about the appropriateness of certain life-extending efforts, there are legal questions to be faced and complicated financial decisions. Additionally, facing our mortality or the mortality of a loved one is an issue of spiritual concern, and the arrangements we make to prepare for death should be guided by our spiritual understanding. Have we given thought to how our belief in God affects our view of dying and death? What is the meaning of our lives? Does the way we die reflect the way we lived and the values we hold dear?

This planning folder has been designed to help you think about these questions, and to consider making arrangements which will help your loved ones escape the anxiety, questions, and guilt which sometimes come in the face of the incapacitation or death of someone we love whose wishes are not fully known to us. It will also help a family locate important documents.

Give copies of this document to your family and if you wish, you may also give a copy of the spiritual matters section to your pastor. Consider also including:

- private notes to loved ones to be read after your death these can be sealed so that only those designated people will read them.
- favorite readings, poems, newspaper clippings about events in your life, etc.

This file is intended to be your file; the questionnaire is simply a guide, and all questions are optional. It doesn't need to be filled out in order — work on it a little at a time if you'd like.

You may also personalize this file by including whatever you desire. Review it or update it at any time. If you move from Alfred, take it with you. If you change churches, place it in the hands of your new minister or congregation. It could be one of the most valuable gifts you will leave to those you love.

Part I: Practical Information

The following questions will help your loved ones by gathering in one place information they will need. All of the questions are optional but do not leave a question blank because you assume your loved ones already know the answer. In a time of crisis or grief, loved ones can be confused or have difficulty making decisions.

Name:	
Date created:	Date last updated:
Personal Information	
Birthplace:	
Date of Birth:	
Father's Name:	
Mother's Name:	
Social Security Number:	
Spouse/Partner's Name:	
Children/Siblings/others you would like liste	ed in an obituary:
Veteran? Y N Dates of service: Branch of Service: Rank and Service Number: Honors or medals received:	
Education (Place and degrees):	

Emplo	yers:
Clubs,	Organizations of which I was a member:
Notew	orthy Achievements:
A (1:	
Anythi	ng else that would be helpful in writing an obituary?
<u>Legal</u>	<u>Matters</u>
1.	I have a Living Will. ☐ Yes ☐ No
	a. There is a copy attached. \square Yes \square No
	b. The original can be found here:
2.	I have a Health Proxy. \square Yes \square No
	a. There is a copy attached. \square Yes \square No
	h The original can be found here:

3.	I have a Power of Attorney \square Yes \square No
	a. There is a copy attached. \square Yes \square No
	b. The original can be found here:
4.	I have made out a will. \square Yes \square No The original can be found here:
5.	My lawyer's name and address:
6.	I wish to have the following organs donated if possible: ☐ None at all ☐ any needed organs or parts ☐ the following body parts:
7.	I have signed an organ donor card. □ Yes □ No It can be found here:
8.	[In the case of dependant children] I have made legal arrangements for the care of my children: ☐ Yes ☐ No
	If no, you may indicate your preferences for guardians, though you should recognize that this document will not be legally binding.
9.	[In the case of pets] I want my pets to be taken care of by:

Medical Information

Physician	Speciality	Address	Phone Number	

Medical Insurance:				
Medicare #				
Supplemental In	surance Co.	Policy #		
Medical History: (list su	argeries, dates, and m	ajor or chronic he	ealth issues)	
Medications: (List med	cations and dosage)			

Financial Information

Bank Accounts

Type of Account (Checking, Savings, etc)	Account Number	Bank	Name on Account	

Income

Source	Amount per month	Deposited to what account

Debts/Outstanding Loans

Type of Loan	Account Number	Bank	Monthly Payment

Do you have a safety deposit box?	☐ Yes ☐ No
If so, which bank is it in?	

People who should be contacted in the event of my death

Name	Phone Number	Address (if no phone)	Relationship	

Personal Property

The following is a list of personal items not mentioned in a will with suggestions as to who should receive it or what should be done with it after my death.

Part II: Spiritual Matters

1.	I have already	made some arr	angements wit	h a funeral home.	□ Yes	□ No
	If yes, the Fun	eral Home's na	me and addres	s is:		
	If not, I would	prefer you to u	ise the following	ng Funeral Home:		
2.	I wish to be:	☐ cremated ☐ buried				
3.	[For cremation possible:	ns] I would like	my ashes to b	e disposed of in the fol	lowing manner	r, if
4.	-			e following place: The cemetery and lot i	number.	
5.	I want a grave	marker.	□ Yes	□ No		
	I've always wa	anted mv epitar	oh to read:			

6.	I would like any memorial contributions in my name to go to the following organization(s):
7.	I would like my funeral/memorial service to be in: ☐ the funeral home ☐ the church ☐ other:
8.	(If being buried in a casket) At the main service, I would like my casket to be: □ present and open □ present and closed □ not present at the service
9.	(If a veteran) Do you want an honor guard at your graveside ceremony? \square Yes \square No
10.	Some of my favorite hymns are:
11.	Some special music I would like at my service is:
12.	My favorite scripture(s) are:

13.	I would like to have the following people participate in my service, if they are able:
14.	I would like flowers at my service. ☐ Yes ☐ No My favorite flower is:
those them,	ollowing questions are designed to help you reflect about your life and record for posterity thoughts and feelings. Because we often view our lives quite differently than others view your answers to these questions may help friends and family members to discover new ectives on your life. Feel free to attach additional pages if necessary.
15.	I want to be remembered for:
16.	The meaning of my life is:

17.	I want to make sure that people know I have forgiven the following:
18.	The most cherished memory / memories of my life are:
19.	My final prayer for myself is:
20.	My final prayer to my loved ones is: