



# *Introduction*

It is recommended that before completing this Advance Death Care Directive, you complete and notarize an Advance Health Care Directive.

## **What is an Advance Health Care Directive?**

An Advance Health Care Directive provides the opportunity to write down your health care wishes for any situation in which you are unable to make your own decisions, not just when you are in a coma or are terminally ill. It allows you to appoint a trusted person to be your health care ‘agent.’ This person will have legal authority (durable power of attorney) to make decisions about your medical care if you become unable to make these decisions for yourself.

In most states, the Five Wishes or Advance Health Care Directive gives authority to your health care agent to also direct disposition of remains. However, he or she does not have power of attorney over any legal or financial matters concerning your estate.

For more information on Advance Health Care Directives and to download the document for your state, please visit [www.compassionandchoices.org](http://www.compassionandchoices.org). For more information on Five Wishes, visit [www.agingwithdignity.org](http://www.agingwithdignity.org).

## **What is an Advance Death Care Directive?**

Whereas an Advance Health Care Directive outlines your personal wishes concerning health care until your moment of death, an Advance Death Care Directive outlines your final wishes concerning the care of your body after death and your request for final disposition.

A Death Care Directive allows you to appoint a family member or close friend to be your death care advocate or agent. He or she will be a person you trust to honor your final wishes and guide family members and friends through the process of your funeral and final disposition. Your death care agent may also be your durable Power of Attorney for health care, but it is often preferable to have one person in charge of health care decisions and another in charge of death care decisions.

If you are choosing to have a Home Funeral, your death care agent will be appointed as the designated funeral director (see p. 10 for details) and work closely with the Home Funeral Guide.

If you do not assign a health care or death care agent, then your next-of-kin, (see next page for legal order of next-of-kin) will be the person legally responsible for making health care decisions, disposition arrangements, signing legal documents and completing the death certificate.

# Legal Documents

I have a completed Will.  Yes  No

It is located at \_\_\_\_\_

I have an Insurance Policy to cover Funeral and/or Final Disposition.  Yes  No

Policy # \_\_\_\_\_ Insurance Company \_\_\_\_\_

Agent's Name \_\_\_\_\_ Phone \_\_\_\_\_

I have a Funeral Trust Account.  Yes  No *(A trust account can be opened at a bank to pay for funeral expenses. This is also known as a Pay on Death account or Totten Trust.)*

Located with \_\_\_\_\_ Bank Phone \_\_\_\_\_

Account# \_\_\_\_\_ Joint name on account \_\_\_\_\_

I have a completed Advance Health Care Directive.  Yes  No

A copy is located at \_\_\_\_\_

My Health Care Agent is \_\_\_\_\_. He/she has a copy of my Advance Health Care Directive and his/her phone number and email address is \_\_\_\_\_

I have a completed Five Wishes Living Will.  Yes  No

It is located at \_\_\_\_\_

My Estate Attorney is:

Name \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Information regarding my bank account, trust, etc., can be found at \_\_\_\_\_

\_\_\_\_\_

# Medical Information

Unless you are in the final stages of a terminal illness, it is best to wait to complete the doctor's information, as this will likely change. The doctor who signs the death certificate must have seen you within the past 10 days to give cause of death, unless you are under hospice care, in which case the hospice nurse will verify death and notify doctor.

My Advance Health Care Agent is \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

My Primary Care Physician is \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Additional Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Additional Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I have a Pacemaker.  Yes  No

I have the following devices and/or metal implants: \_\_\_\_\_

\_\_\_\_\_

I choose to  have an autopsy  not have an autopsy (*unless required by law*)

I am an organ donor.  Yes  No

I would like the following organs to be donated: \_\_\_\_\_

I am donating my body to science.  Yes  No

Name of medical facility to contact: \_\_\_\_\_

Phone \_\_\_\_\_

# Funeral / Memorial

I do not wish to have a funeral (*a service with the body present*).

I would prefer a memorial service sometime after cremation or burial to be held at: \_\_\_\_\_

\_\_\_\_\_  
*(Consider: your home, church, temple, community hall, outdoors on private land, etc.)*

I would like a funeral service to be held at: \_\_\_\_\_

At my funeral I prefer (*check all that apply*)

Open casket     Closed casket     No service, just a private viewing with family and friends

Religious service     Military service     Masonic service

Other type of service that honors my beliefs: \_\_\_\_\_

I would like my funeral/memorial service to be presided by:

Name \_\_\_\_\_ Phone \_\_\_\_\_

*(Consider: minister, priest, rabbi, chaplain, spiritual advisor, friend, family member, celebrant, etc.)*

I would like the eulogy (*see page 15*) to be written by: \_\_\_\_\_

I would like my service to include the following:

Music \_\_\_\_\_

Rituals \_\_\_\_\_

Prayers \_\_\_\_\_

Individuals \_\_\_\_\_

Other \_\_\_\_\_

My route to the cemetery/crematory should include: \_\_\_\_\_

*(Consider including a familiar or meaningful route before final disposition.)*

Pedestrian Procession to follow the car/hearse for a short while after leaving the service and en route to place of disposition     Yes     No

# Disposition

## Burial

I would like a traditional burial in a cemetery according to my religious belief.

Christian    Jewish    Muslim    Other \_\_\_\_\_

I would like a green burial.    Yes    No *(A green burial provides a grave without a cement/fiberglass vault. Please see [www.greenburialcouncil.org](http://www.greenburialcouncil.org) for locations of green cemeteries.)*

I own / please purchase a burial plot located at \_\_\_\_\_

Documents concerning this plot can be found *(Indicate where documents are filed)* \_\_\_\_\_

I would like my body to be shipped to \_\_\_\_\_

for burial at \_\_\_\_\_

I would like a graveside service.    Yes    No

I would like \_\_\_\_\_ to preside over the graveside service.

I would like the following to be said/performed at the graveside:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like my plaque or gravestone to read: \_\_\_\_\_

\_\_\_\_\_

Decorations on plaque or gravestone to read: \_\_\_\_\_

\_\_\_\_\_

## Mausoleum Crypt

I would like my body to be placed in a casket and interred in a mausoleum crypt.

I have purchased / please purchase a vault in \_\_\_\_\_ Mausoleum.

Documents concerning these plans can be found *(Indicate where documents are filed)* \_\_\_\_\_

\_\_\_\_\_

I would like a service performed when the casket is placed inside the crypt.    Yes    No

Mausoleum service to be performed by \_\_\_\_\_

**Cremation**

*(It is often possible, depending on crematory policy, to witness a loved one's cremation. Choices and costs vary.)*

- I wish a private cremation.
- I wish my cremation to be witnessed ...  Placement in chamber  Removal from chamber

I wish my cremation to be witnessed by:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I would like my ashes placed in this container: \_\_\_\_\_

I would like my ashes buried/interred in a vault or grave at: \_\_\_\_\_

I would like my ashes to remain at the following residence:

Homeowner's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I would like my ashes to be scattered in the following manner:

- Private property  Cemetery scatter garden  At sea (by airplane)  At sea (by boat)

Other favorite place: \_\_\_\_\_

*(Please note: It is illegal to scatter ashes on public land. If you choose to scatter at sea, the boat must be at least five miles from shore.)*

I would like the following people to be present for the scattering:

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

I would like the following service/ritual to be performed at the scattering:

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

I request that these additional instructions be followed:

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