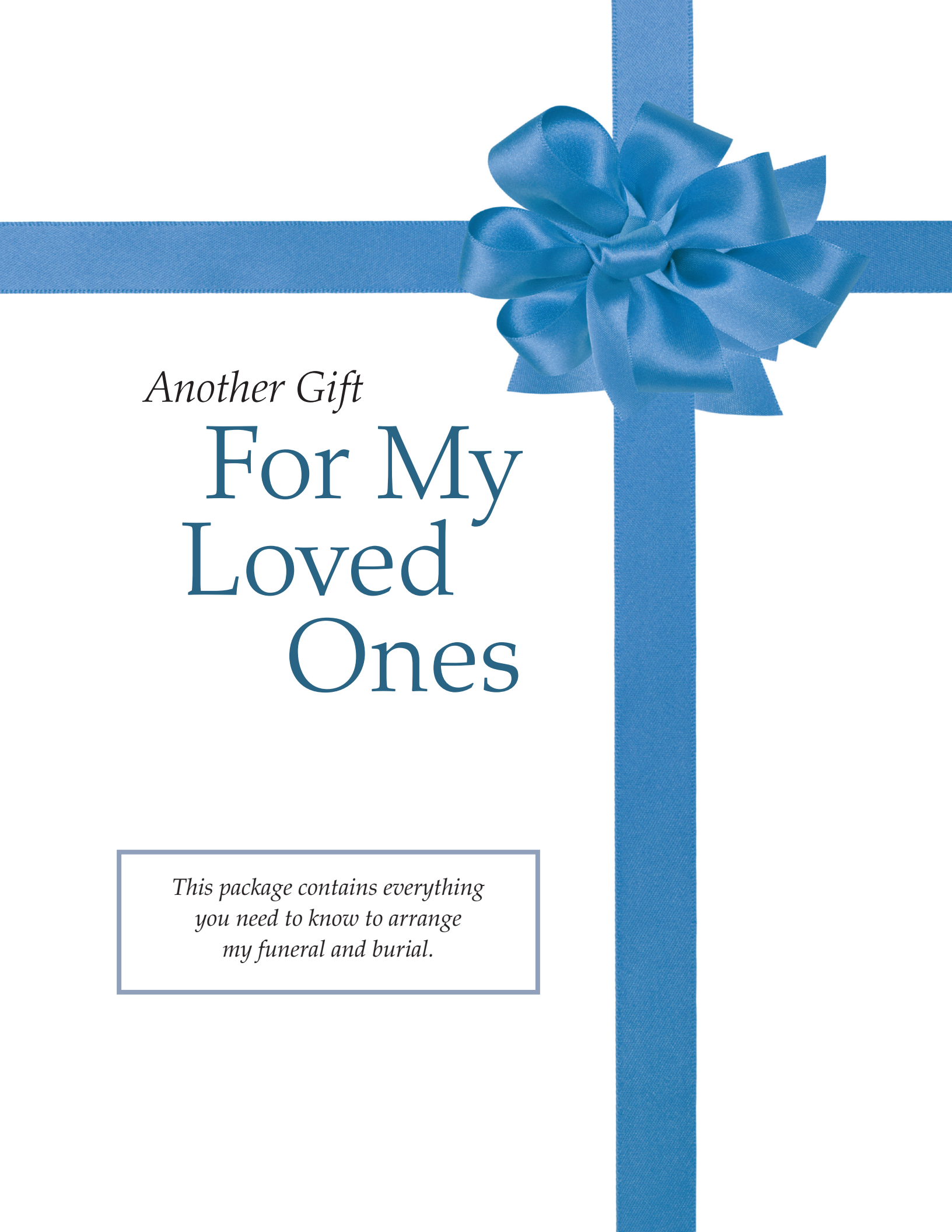

*Another Gift*

# For My Loved Ones

*This package contains everything you need to know to arrange my funeral and burial.*

Dear Loved Ones,

Here I have done the hard work so that you don't have to.

The following pages provide information for my designated agent to use in making arrangements for my funeral and burial. You do not need to use a funeral director if you choose not to. There are NO states in the US that require embalming. Only eight states require you to use a funeral director at all.

On the following page I have named an agent and alternates and given them exclusive authority to see that the instructions in this document are followed to the best of their ability and according to existing law. I have signed this document in the presence of two witnesses and a notary public.The information provided here will inform them and you of:

1) How I would like my burial to be handled
2) Who I would like to handle different aspects of the funeral and burial
3) Other information to assist those persons in carrying out my wishes
4) A list of people to notify of my death
5) Information for my obituary
6) Information about the location of important papers such as Last Will and Testament, birth certificates, financial documents, insurance policies, military records etc. which will be useful to my family and the executor of my Will.

*(DO NOT place any of these important papers in a safe deposit box. The box will be sealed upon my death.)*

The original copy of my Funeral Instructions can be found in the following

location:_____

These people hold a copy of my Funeral Instructions:

Name_____Phone:_____

Name_____Phone:_____

Name_____Phone:_____

Name_____Phone:_____

Date:_____

Signature:_____

# ADVANCE DIRECTIVE FOR FUNERAL CARE
# DEATH-CARE POWER OF ATTORNEY

Be it known to all parties that I,_____ , am an Orthodox Christian of sound mind and I direct that my remains be treated in a traditional Orthodox Christian manner.

I hereby direct (Name)_____, (address) _____, (phone #s) _____at his/her/their discretion to make any and all arrangements for the care and disposition of my bodily remains after my death as directed in the following pages of this document. Should he/she pre-decease me, or for any other reason be unable to fulfill this responsibility, I designate and direct _____(address) _____, (phone #s)_____ to make any and all arrangements regarding the care and disposition of my bodily remains upon my death as directed in a subsequent document. A copy shall be as good as the original.

Absolutely NO AUTOPSY shall be performed unless required by law.

☐ I AM ☐ AM NOT an organ donor

Neither doctors, hospitals, nursing homes, hospice, coroner nor any other person or entity in whose care I may be has any authority to make any arrangements, including calling a funeral home, for any reason before contacting the person(s) named above to be advised by that person of my wishes concerning the disposition of my bodily remains after my death. The above-named parties should be contacted promptly if death is imminent or expected.

Signature_____ date_____ SEAL

Address:_____Phone:_____

Witness 1_____ date_____ SEAL

Address:_____Phone:_____

Witness 2_____ date_____ SEAL

Address:_____Phone:_____

STATE OF_____ COUNTY OF _____

On this ____ day of _____, 20____ the said _____ (principal), _____, and _____(witnesses) known to me (or satisfactorily proven) to be the person named in ther foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public within the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated therein.

My commission expires _____ _____

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

# ADVANCE DIRECTIVE
## Burial and Funeral Care Instructions

My Legal Name:_____

Name:_____

*As you want it to appear in the newspaper notice*

Address:_____

Home Phone:_____Work_____ Occupation_____

Birth Place:_____ Birth Date_____

Marital Status: Single_____Married_____ Divorced_____Widowed_____

Father's Name:_____ Mother's Maiden Name_____

Nearest Relative:_____ Executor:_____

Relationship:_____ Relationship:_____

Address:_____ Address:_____

_____ _____

Home Phone:_____Work_____ Home Phone:_____Work_____

Legal Guardian of Minor Children:_____

Address:_____

Home Phone:_____ Work Phone:_____

I, _____, being of sound mind and under no restraint, hereby direct that the following instructions and preferences be honored after my death:

I direct that my funeral preparation, funeral and burial be conducted according to the rites, traditions and practices of the Holy Orthodox Church.

☐ I prefer a home and church funeral with minimum or no mortuary involvement.

☐ I prefer a mortuary: (mortuary name)_____

Have arrangements been made with the mortuary?: ☐ YES ☐ NO Paid? ☐ YES ☐ NO

If paid, payment records can be found _____

Embalming: ☐ YES ☐ NO

Clothing: indicate first (1) and second (2) preference: ( )From existing wardrobe ( )Plain white garment provided by church ☐ WITH ☐ WITHOUT Printed burial shroud Headband. circle Yes No

OTHER:_____

Items to be interred with the body or removed (specify items and where they can be found or to whom they are to be delivered (wedding ring, watch, cross, earrings, etc.):_____

_____

Preferred cemetery or burial site (indicate first (1) and second (2) preferences):_____

_____

Have arrangements been made with the cemetery: ☐ YES ☐ NO

Prefered type of grave marker (must meet cemetery requirements):_____

Preferred inscription on grave marker:_____

Names of pallbearers (provide contact information on a different sheet):_____

Other instructions: (organ donations, flowers, other memorial donations, etc):_____
_____
_____

I direct that the person or organizations named below perform or coordinate the following services:

Notify relatives: ☐ Church ☐ Executor ☐ Other (specify):_____

Prepare body for burial (washing and clothing body if not embalmed):

☐ Church ☐ Mortuary ☐ Family ☐ Other (specify)_____

Provide Casket:

☐ Church ☐ Mortuary ☐ Family ☐ Other (specify)_____

Take care of administrative details (death certificate, etc.):

☐ Church ☐ Mortuary ☐ Other (specify)_____

Prepare and publish obituary:

☐ Church ☐ Mortuary ☐ Other (specify)_____

Transport Body to mortuary or church:

☐ Church ☐ Mortuary ☐ Other (specify)_____

Transport body to cemetery: ☐ Church ☐ Mortuary ☐ Other (specify)_____

Obtain and install grave marker: ☐ Church ☐ Family/Executor ☐ Other (specify)_____

Other Services:

Temporary Child care: ☐ Church ☐ Executor ☐ Family ☐ Other (specify)_____

Interim care of pets: ☐ Church ☐ Executor ☐ Family ☐ Other (specify)_____

Temporary Housing arrangements for relatives: ☐ Church ☐ Executor ☐ Family

☐ Other (specify)_____

(Optional) I have provided financial information and the location of important records to:

☐ Church ☐ Executor ☐ Other (specify) _____

I have previously filed instructions for funeral arrangements: YES NO

If YES: They are located:_____

The previous instructions are hereby cancelled: YES NO

The previous instructions supplement this form: YES NO

Payment for funeral costs:

Has already been made to _____

Receipts and pertinent papers are located:_____

Should be paid from my estate.

I desire and direct that any savings on funeral expenses due to Church or funeral society involvement be donated to _____

## PEOPLE TO BE NOTIFIED OF MY DEATH

| Name | Address | Phone | Relationship |
|---|---|---|---|
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## OBITUARY INFORMATION

Date of Birth:_____

Place of Birth: City_____State _____County _____

Resident of _____County since _____.

Father's Name/Birthplace (living or deceased?)_____

Mother's Maiden Name/Birthplace (living or deceased?)_____
_____

Spouses Name(s) (living or deceased?)_____
_____

Children (living or deceased?)_____
_____
_____
_____

Other Relatives (living or deceased?)_____
_____
_____
_____

Occupation/Employer_____

Veteran: ☐ YES ☐ NO Branch of service_____Serial No:_____
Veterans Affairs Claim Number C-_____
Rank_____
Name of war or dates served_____
Service Awards/Decorations_____

EDUCATION, ETC.
High School_____Diploma/GED_____Year_____

College/University_____Degrees Earned_____Year_____

College/University_____Degrees Earned_____Year_____

College/University_____Degrees Earned_____Year_____

Club/ Fraternal Civic Organization_____

Offices Held_____

Club/ Fraternal Civic Organization_____

Offices Held_____

Club/ Fraternal Civic Organizations_____

Offices Held_____

Hobbies_____

Awards_____

Additional Information_____

## Important Documents and Locations

Name:_____Social Security #_____

**Bank Account**

Name of Bank_____

Address_____

Types of Accounts/Account No _____

_____

Safe Deposit Box Location:_____Location of keys_____

Other Accounts: Brokerage, Retirement, IRA, 401K

_____

_____

_____

_____

LOCATION OF

Birth Certificate_____

Children's Birth Certificates_____

Marriage Certificate_____

Deeds and Titles_____

Mortgages and Notes_____

Last Will and Testament_____

Military Discharge_____

Income tax records_____

## Important Documents and Locations cont.

**Insurance Policy Information**

Company_____

Policy #_____

Name of Insured_____

Beneficiary_____

Veterans Benefits: ☐ YES ☐ NO

Location of house keys_____

Safe combination etc._____

My Attorney is_____

Address_____City_____State_____Zip _____

Phone_____

My Accountant is_____

Address_____City_____State_____Zip _____

Phone_____

Additional Information

_____

_____

_____

_____

_____

_____

_____

## Digital Estate

In recent years the explosion of digital technology and social media has left most of us with a Digital Estate. That is, most of us have online accounts that need to be closed after our death or they will remain open long after we are gone. Criminals have started exploiting these digital remains to steal our identity even after we are deceased. I list here all online accounts with banks, retailers on and off-line and all social media outlets with my logon information and passwords so that you can close these accounts on my behalf.

| Name | Web Address | LogIn ID | Password |
|---|---|---|---|
| *(example)* Recipe Direct | RecipeDirect.net | CaptTattoo | windward18 |
| | | | |
| | | | |
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Additional Information or Comments

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