

# Legacy of Love\*

## PROCEDURES TO FOLLOW IN THE EVENT OF MY SERIOUS ILLNESS OR DISABILITY

If the situation should arise in which there is no reasonable expectation of my recovery from physical or mental disability, I request that I

( ) be allowed to die naturally and not be kept alive by artificial means or "heroic measures";

( ) be kept alive as long as possible by the medical team that attends me.

I ( ) have ( ) have not executed a "Living Will" to provide for the first option above.

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

If I have checked the first option above requesting no heroic measures to be taken to prolong my life, but I have not executed a Living Will, then I request my family or whoever attends me in my last illness to make whatever decision they deem proper in light of my request and in consultation with physicians and clergy.

## PERSONS TO NOTIFY IMMEDIATELY UPON MY DEATH

Local Funeral Home: \_\_\_\_\_

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

The following family members or friends:

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

The following persons should also be contacted as soon as time permits; (suggestions for persons to list here would be clergy, physician, attorney, accountant, employer, executor of will, insurance agent, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Attorney: \_\_\_\_\_

CPA: \_\_\_\_\_

Those having power of attorney

Health: \_\_\_\_\_

Financial: \_\_\_\_\_

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## **MY SUGGESTIONS TO THOSE WHO PLAN MY FUNERAL**

*(It is suggested that this portion of the form be filled in after you have first consulted with a minister, priest or rabbi. These are suggestions only. Loved ones can make alterations to these plans as they feel led.)*

I request that (name, if known) \_\_\_\_\_,  
the pastor/priest of the \_\_\_\_\_ Church,  
be contacted immediately in order that he/she may offer assistance to my family.

My choice of local funeral home: \_\_\_\_\_

My choice of funeral home where I am to be buried is: \_\_\_\_\_

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

I request the following disposition of my body be made (check all applicable boxes):

buried in \_\_\_\_\_ cemetery, located at \_\_\_\_\_

I  do  do not have space there. Block \_\_\_\_\_ Section \_\_\_\_\_

Lot \_\_\_\_\_ Lot owner \_\_\_\_\_ Location of deed \_\_\_\_\_

placed in a crypt in (mausoleum) – name and location: \_\_\_\_\_

cremated and my ashes \_\_\_\_\_

Choice of crematorium: \_\_\_\_\_

donated to \_\_\_\_\_ Medical School for anatomical  
science studies. Form completed & located \_\_\_\_\_

If possible, I would like the following organs to be made useful for another person:  
Living Bank form completed and located \_\_\_\_\_

Other requests: \_\_\_\_\_

Type of Religious Service; I prefer that there be (check all applicable boxes):

a memorial service (without the body present) at \_\_\_\_\_  
\_\_\_\_\_ Church/Funeral Home:

a funeral service (with the body present ) at \_\_\_\_\_  
\_\_\_\_\_ Church/Funeral Home;

closed casket;  open casket (if a choice is allowed by your faith)

only a graveside committal service at \_\_\_\_\_

no service of any kind;  other type of service: \_\_\_\_\_

If there is to be committal or graveside service, I prefer that it be held:

first;  following the funeral service;  that it be private;  open to all who wish to come.

I have the following suggestions for scriptures (these, or course, must eventually be approved by the officiating clergy): \_\_\_\_\_

Other poems, readings or statement at the service \_\_\_\_\_

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I have the following suggestions concerning the music (sung, played or recorded) and/or hymns to be used: \_\_\_\_\_  
\_\_\_\_\_

My choice of pall bearers (6). if living and able to serve; \_\_\_\_\_  
\_\_\_\_\_

I would wish these to be honorary pall bearers (these are not necessary) \_\_\_\_\_  
\_\_\_\_\_

My choice of clergy to conduct the services is: \_\_\_\_\_

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

Please notify the following lodge and/or military organizations to arrange for special services;  
\_\_\_\_\_  
\_\_\_\_\_

Memorial donation or flowers:

( ) I prefer that there be donations in lieu of flowers to the Memorial Fund of \_\_\_\_\_  
\_\_\_\_\_ Church; or to \_\_\_\_\_

(charity or other organization)

( ) flowers used at the discretion of my family;

( ) no limitations or restrictions as to flowers;

( ) no flowers.

( ) I do have a cemetery plot. Place \_\_\_\_\_

Address; \_\_\_\_\_

I have these other suggestions or requests concerning my memorial or funeral service:  
\_\_\_\_\_  
\_\_\_\_\_

Other requests or information not covered or requested previously in this form:  
\_\_\_\_\_  
\_\_\_\_\_

*These plans should be affirmed by your next of kin.*

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_