



## Thoughtful Endings -- Planning Document

*This document provides you with an opportunity to organize your thoughts, records and practical information related to a serious illness and death. Doing so is a gift that you give to those who care about you and may provide you with the peace of mind that comes from "having things in order". It is important to make copies and share this with your family and your caring religious community. A confidential file will be maintained at BVUUF.*

*PLEASE PRINT*

**Member:** \_\_\_\_\_

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

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

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# Thoughtful Endings -- Planning Document

*Please share a copy of this with BVUUF and your loved ones.*

## IMPORTANT END-OF-LIFE DOCUMENTS

**I have completed the following:**

### \_\_\_\_\_ **Medical Durable Power of Attorney**

It names \_\_\_\_\_ as my decision-maker/agent. The alternate, in case my first choice is unable or unwilling to serve, is \_\_\_\_\_.

Agent's\* Phone Number: (    ) \_\_\_\_\_

Alternate's\* Phone Number: (        ) \_\_\_\_\_

*\*These individuals, chosen to speak for you, should have copies of all health care documents. This document allows space for instructions for your agent. THIS is the most important document.*

\_\_\_\_\_ has a copy

Contact Information: (        ) \_\_\_\_\_

### \_\_\_\_\_ **Advance Directive for Surgical/Medical Treatment (Living Will)**

*\*Provides more specific guidance about what you would want under certain circumstances.*

\_\_\_\_\_ has a copy

Contact Information: (        ) \_\_\_\_\_

### \_\_\_\_\_ **Cardiopulmonary Resuscitation Directive (CPR)**

*\*Must be signed by you or your agent and your physician and should be displayed in your home and offered to emergency medical personnel and staff in a care facility.*

\_\_\_\_\_ has a copy

Contact Information: (        ) \_\_\_\_\_

\_\_\_\_\_ **Medical Orders for Scope of Treatment- MOST form**

*\*For chronically ill or seriously ill people. Must be signed by you or your agent and your physician and should be displayed in your home and offered to emergency medical personnel and staff in a care facility. While the CPR Directive is valid, this document provides direction on treatment decisions beyond CPR. This form should be available at your medical provider's office.*

\_\_\_\_\_ has a copy  
Contact Information: (        ) \_\_\_\_\_

NOTE: All of the documents listed above are available at [www.ColoradoAdvanceDirectives.com](http://www.ColoradoAdvanceDirectives.com)

\_\_\_\_\_ **I am an Organ Donor**

*\*Being an organ transplant donor (different than donating organs or your whole body for research) is a generous and worthwhile decision. Know that only limited tissues (no organs) can be harvested if one does not die in hospital. Donating for research is a more viable option for one who dies at home, such as on hospice. Be SURE that your family knows your wishes and is on board with your decision.*

**Other helpful documents may include:**

\_\_\_\_\_ **The Conversation Project Starter Kit** - basis of a values-based discussion with those who care about you. [www.theconversationprojectinboulder.org](http://www.theconversationprojectinboulder.org)

\_\_\_\_\_ has a copy  
Contact Information: (        ) \_\_\_\_\_

\_\_\_\_\_ **Dementia Provision** - prepared by Compassion and Choices. [www.compassionandchoices.org/userfiles/Dementia\\_Provision.pdf](http://www.compassionandchoices.org/userfiles/Dementia_Provision.pdf)

\_\_\_\_\_ has a copy  
Contact Information: (        ) \_\_\_\_\_

\_\_\_\_\_ **Legacy Letter/Ethical Will** - You might find great satisfaction in creating a document that embodies your life values; something that can be passed onto future generations. <https://celebrationsoflife.net/ethicalwills/>

\_\_\_\_\_ has a copy  
Contact Information: (        ) \_\_\_\_\_

**ESTATE PLANNING DOCUMENTS**

\_\_\_\_\_ **Last Will and Testament**

\_\_\_\_\_ **Power of Attorney or Personal Representative**

**Identified person (s)** \_\_\_\_\_

\_\_\_\_\_ **List of accounts and passwords**

*\*Whoever is going to be handling your financial matters after your death, should have a copy of or know where to locate passwords for your computer, your phone, and for your accounts.*

**Location of documents:** \_\_\_\_\_

**OBITUARY PREPARATION**

**Person in charge** \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

*\*You may wish to write your own obituary so that it reflects what you would like to world to know about the life you have lived. It can be done at any time but it is wise to entrust someone with the responsibility of updating it at the time of your death.*

\_\_\_\_\_ **Photo attached**

*(If you have a photograph that you prefer be used with your obituary and related matters, please attach a copy to this document here.)*

**MEMORIAL SERVICE PLANNING**

*\*You may wish to plan your service with the BVUUF minister or with someone else. Your family will appreciate you having made choices about location, music, readings, etc. This can be done in advance of an illness or impending death.*

**The following are my choices regarding a Funeral or Memorial Service:**

Location: BVUUF \_\_\_\_\_ Funeral Home \_\_\_\_\_ Other \_\_\_\_\_

Preferred officiant: \_\_\_\_\_

Participating Organizations:

Military \_\_\_\_\_ Fraternal \_\_\_\_\_ Other \_\_\_\_\_

Music and other elements I would like included:

Hymns:

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

Other Music – Solo, Choir, Instrumental, Recordings:

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

Readings & Poems:

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

Special Presentations, Performances, or Exhibits:

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

Memorial Donations should be directed to the following:

\_\_\_\_\_

**Following the service I prefer for family, friends, and guests:**

A reception with refreshments and food to be served:

At the church \_\_\_\_\_ At my home \_\_\_\_\_ Alternate location \_\_\_\_\_

Notes: \_\_\_\_\_

**DISPOSITION OF BODY AFTER DEATH**

**Immediately following my death:**

\_\_\_\_\_ I would prefer to have a funeral provider take care of my body

\_\_\_\_\_ I would prefer to have my family and/or community care for my body at home

**My preference for final disposition of my body:**

\_\_\_\_\_ **Traditional Burial**

Funeral Home in Charge: \_\_\_\_\_

Contact Information: (        ) \_\_\_\_\_

Designated Burial Site : \_\_\_\_\_

Graveside Service:    Yes \_\_\_\_\_ No \_\_\_\_\_

**Pallbearers:**

\_\_\_\_\_ Contact # \_\_\_\_\_

\_\_\_\_\_ Contact # \_\_\_\_\_

\_\_\_\_\_ Contact # \_\_\_\_\_

\_\_\_\_\_ Contact # \_\_\_\_\_

\_\_\_\_\_ Contact # \_\_\_\_\_

\_\_\_\_\_ Contact # \_\_\_\_\_

OR

\_\_\_\_\_ **Cremation**

Designated Organization: \_\_\_\_\_

**Cremains to be:**

\_\_\_\_\_ scattered (desired location: \_\_\_\_\_)

\_\_\_\_\_ distributed

\_\_\_\_\_ inurned to be buried

\_\_\_\_\_ inurned to be placed in a columbarium

\_\_\_\_\_ other \_\_\_\_\_

Contact Information: ( ) \_\_\_\_\_

Designated Recipient of Cremains: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

OR

\_\_\_ **Green Burial**

Designated Organization: \_\_\_\_\_

Preferred burial container: \_\_\_\_\_

Contact Information: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

OR

\_\_\_ **Donation of Remains to Scientific Research**

Designated Organization: \_\_\_\_\_

Contact Information: ( ) \_\_\_\_\_

**SIGNATURE**

**These are my wishes and directives.**

\_\_\_\_\_/\_\_\_\_\_  
Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Witness Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Witness Signature / Date