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), _______________________________ (witnesses) known to me (or satisfactorily proven) to be the person named in their 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
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 Married Divorced Widowed Widowed

Father’s Name:____________________________Mother’s Maiden Name________________________

Nearest Relative:_________________________Executor:________________________________________

Relationship:_____________________________Relationship:_______________________________

Address:_________________________________Address:____________________________________

Home Phone:________________________Work__________________Home Phone:________________________

Legal Guardian of Minor Children:________________________________________________________

Address:_______________________________________________________________________________

Home Phone:________________________Work__________________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 pro-
vided 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, earings, 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 suppliment 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 _______________________________________________
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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________
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Web Address</th>
<th>LogIn ID</th>
<th>Password</th>
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<tbody>
<tr>
<td>(example)</td>
<td>Recipe Direct</td>
<td>RecipeDirect.net</td>
<td>CaptTattoo</td>
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Additional Information or Commentsts

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