

INTRODUCTION TO DISCUSSIONS, DECISIONS, AND DOCUMENTS

Illness, accidents and death will affect every one of us. As Christians, we know that death is not something to fear. Because of our Easter faith, we can celebrate life and prepare for our next journey.

It is a great gift to our families to be prepared and make responsible preparation for our own passing. It is important to initiate the discussion with our loved ones around end of life care, regardless of our age.

THE DISCUSSIONS, DECISIONS, AND DOCUMENTS SESSIONS, allows each of us to give the gift of preplanning to ourselves and to our family or personal representative.

The material presented during these three sessions and this workbook will provide, in one place, all the necessary and important information your personal representative will need to carry out your wishes. You will be given information to help you consider your priorities concerning:

- Estate planning

- Wills and Trusts

- Advance Directives

- Funeral Arrangements

The workshop is designed to get you started. It is a beginning step for our final journey. As with any trip, plans may be changes, but it important to start and be willing to frequently look at you notebook and make changes as needed. In addition to providing a paper trail, it is just as important to talk with family, friends, and your personal representative about your wishes. Families do not always agree on how things should be done and divided. Talking together before a crisis situation is helpful so that those you love will be able to carry out your wishes without rancor or difficulty.

The idea for this workshop comes from a model created by members at first United Methodist Church, Eugene, Oregon, in 2000. Various individuals have continued to revise the model over the years

Sponsored by Health Ministries Team of
Holy Trinity Catholic Church, Beaverton

PLAN OF ACTION

STEPS FOR GETTING YOUR AFFAIRS IN ORDER

The longest journey begins with a single step. Faced with a notebook of things to do, it is easy to feel overwhelmed and do nothing. If you set a goal of doing one item a week, and start with the easy item, it will all get done.

1. Get a copy of this workbook.
2. Get a personal document storage box about six inches deep at an office supply store to hold your important papers. It should be big enough to contain this notebook. Mark it “**Personal Papers of (your name).**” You should also buy a few hanging file folders to put in the box.
3. Locate your important papers. This is a good time to inventory your safe deposit box and put a copy of the inventory in the notebook. Originals belong in the safe deposit box, photocopies in the personal storage box and this notebook.

What exactly is an “Important Paper?” The answer to that question may be different for every family. The following are starting points:

Legal Documents

- Wills and trusts describe how you want to give away your money and property after you die.
- An advance directive or medical directive gives you a say in your health care if you are too sick to make your wishes known. It describes your decisions for medical care at the end of life.
- A durable power of attorney allows you to name someone to act on your behalf for any legal task. It stays in place even if you become unable to make your own decisions.

Personal Records

- Full legal name
- Social Security number
- Legal residence
- Date and place of birth
- Name and addresses of spouse and children
- Location of birth and death certificates and certificates of marriage, divorce, citizenship, and adoption.
- Employers and dates of employment
- Medications taken regularly
- Education and military records
- Names and phone numbers of religious contacts
- Memberships in groups and awards received
- Names and phone numbers of close friends, relatives, and lawyers or financial advisor
- Names and phone numbers of doctors

Financial Records

- Sources of income and assets (pension funds, IRA's, 401(k)s, interest, etc.)
- Social Security and Medicare Information
- Investment income (Stocks, bonds, property) and stock broker's name & phone numbers
- Insurance information (life, health, long-term care, home and car) with policy numbers and agent's names and phone numbers
- Names of banks and account numbers (checking, savings, credit unions)
- Location of safe deposit box & key
- Copy of most recent tax return
- Location of most up-to-date will with original signature
- Liabilities, including property tax - what is owed, to whom, when payments are due
- Mortgages and debts - how & when paid
- Location of original deed of trust for home and car title and registration
- Credit and debit card names and numbers

Tell your personal representative, a family member or friend where you put your notebook and storage box. It would be helpful to go through the workbook and records with your family or personal representative.

One more helpful tip:

Give consent in advance for your doctor or lawyer to talk with your family or caregiver as needed. There may be questions about your care, a bill, or health insurance claim. Without your consent, your caregiver may not be able to get needed information. You can give permission in advance to Medicare, credit card companies, your bank or your doctor. Sometimes you can give your OK over the phone, other times, you may need to sign and return a form.

My Team

No one has the personal knowledge to figure out everything. It takes a team effort to understand everything and simplify the process of putting your affairs in order. This may mean spending money to set up your plan. This should be thought of as an investment, not an expense. A few hundred dollars invested now will save thousands later. An added bonus is the peace of mind you have knowing that the basic decisions have been made and clearly communicated to those who need to know.

Church Representative

Name: _____ Phone: _____

Address: _____

Email: _____

Family Doctor

Name: _____ Phone: _____

Address: _____

Email: _____

Estate Lawyer

Name: _____ Phone: _____

Address: _____

Email: _____

Personal Representative/Executor

Name: _____ Phone: _____

Address: _____

Email: _____

Alternate Executor

Name: _____ Phone: _____

Address: _____

Email: _____

Tax Advisor

Name: _____ Phone: _____

Address: _____

Email: _____

Banker, Financial Advisor/Trust Officer

Name: _____ Phone: _____

Address: _____

Email: _____

Investment Broker

Name: _____ Phone: _____

Address: _____

Email: _____

CHECKLIST OF INFORMATION NEEDED TO SETTLE YOUR AFFAIRS

Item	Either Provide Information or Where Information May Be Found
1. Location of vital documents, such as birth, death, marriage, divorce, adoption records	
2. Location of employment records (and military records, if applicable)	
3. Location of tax returns	
4. List of real estate owned (including personal residence, second home, partnerships/joint ownership)	
5. Location of deeds, loan documents	
6. Payment information for mortgages, taxes insurance.	
7. Name(s) of person(s) most knowledgeable about property.	
8. List of valuable personal property. Make sure your family knows if any of your furniture, artwork, or other personal property items have a special value (emotional or financial): consider the possibility that the family members who already know about these things may not outlive you.	
9. Information regarding employee disability and survivors benefits.	
10. Information regarding Pension/Retirement Benefits: IRA SEP Keogh 401(k) Social Security other.	
11. List of bank and investment/security accounts	
12. Children's savings accounts (including trust and custodianship accounts)	
13. Investment accounts (broker, mutual funds, etc.)	
14. Business	
15. Location of corporate records, documents, share certificates	
16. Information re: management, employees, etc.	
17. Information relevant to valuation of business	
18. Names of advisors (accountant, attorney, insurance agent, financial advisor, securities broker, tax preparer, etc.)	
19. Securities/Investments not held on financial institution or brokerage account	
20. Partnerships (including limited partnerships, investments pools, "tax shelters")	

21. Mutual funds	
22. Shares of stock in publicly-traded companies	
23. Bonds (including corporate bonds, municipal bonds, savings bonds)	
24. Shares of stock in closely-held companies (together with info re: transfer restrictions or repurchase obligations)	
25. Intangible property: copyrights, patents, trademarks, other	
26. Burial/Funeral plans, prearrangements	
27. Motor vehicles (Description: location of vehicle; location of title; loan and insurance information)	
28. Stock options: terms; deadline(s) for exercise; location of documents	
29. Safe deposit box; storage lockers; safe; lock box (Location; who has key & access rights? Detailed list of contents)	
30. Insurance Information (Location of policies & related documents; Life Insurance company, policy number, amount; Disability Insurance; Health Insurance (including Medicare, Medicare Supplements, and Oregon Health Plan); Long –Term Care Insurance; What are the “premium due” dates and amounts for each policy?)	
31. Loans, Promissory Notes (Debts you owe; Debts others owe you; Payment terms, amounts, due dates; location of documents; State your agreement or intent re: forgiveness of debts, or plan to offset from future inheritance)	
32. List of gifts to be made from estate – Have you planned to leave a gift to your church, to a university, to a school, or to other favorite charitable organizations. (Note – These gifts are deductible to your estate.)	

THE FIRST NOTIFICATIONS _____

(date)

When we die, the first things that must occur are notification of the primary doctor, the next of kin, the mortuary, and the Personal Representative. With pre-planning, the mortuary will attend to the body.

PRIMARY DOCTOR/CORONER/HOSPICE

Name and Address: _____

Phone/E-mail: _____

NEXT OF KIN

Name and Address: _____

Phone/E-mail: _____

Relationship: _____

MORTUARY

Name and Address: _____

Phone/E-mail: _____

Relationship: _____

ORGAN DONOR

Name and Address: _____

Phone/E-mail: _____

Relationship: _____

MY ATTORNEY

Name and Address: _____

Phone/E-mail: _____

Relationship: _____

PERSONAL REPRESENTATIVE

Name and Address: _____

Phone/E-mail: _____

Relationship: _____

My personal Representative should immediately notify any entity that sends me payments.
Social Security Administration: Phone: 800-772-1213

Retirement provider _____

Name _____ Phone _____

Military pensions _____

Name _____ Phone _____

Banks/Credit Unions _____

Name _____ Phone _____

Credit card company _____

Name _____ Phone _____

Insurance benefits _____

Name _____ Phone _____

Notification of Death for Business/Agencies

My personal Representative should immediately notify the following persons:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Other Notifications (more personal in nature)

My personal representative should mail a copy of my celebration of life program and text of my obituary to every address in my personal address book that seem relevant.

Subscriptions in my name may be either cancelled or redirected as Representative chooses.

My Lifetime memberships are:

Name: _____ Phone: _____

Address: _____

My professional & social organizations are: _____

Address: _____ Phone: _____

Types of Service

- Complete funeral service with viewing
- Memorial Service with or without viewing
- Graveside Service with or without viewing
- Family gathering with viewing
- Immediate burial with or without viewing
- Complete funeral service with viewing
- cremation after service and viewing
- Memorial Service with or without viewing-Cremation
Cremation before or after service
- Niche Side Service with or without viewing
- Family gathering with viewing
- Direct Cremation with or without viewing
- Ship out of state
- Anatomical Donation

REQUIRED INFORMATION FOR THE DEATH CERTIFICATE

(Families find it easier to answer these questions ahead of time)

Type of Service: Anatomical _____ Burial _____ Cremation _____

Information for: _____
First Name Middle Last

Sex: Male Female Social Security Number: _____

Birthplace: _____ Date of Birth: _____
(City and State or Foreign Country) (Month, Day, Year)

Armed Services: Yes No Branch of Service: _____
(If deceased is a Veteran, you will need a copy of Discharge Papers: DD214 form)

Enlistment Date: _____ Discharge Date: _____

Service Number: _____ Highest Rank Attained: _____

Occupation: _____ Kind of Business/Industry: _____
(Do not use retired)

Marital Status: _____ Name of Spouse: _____
(if Married or Widowed)

Residence State: _____ County: _____ City or town: _____

Street, Number and Zip Code: _____

Race: _____ Hispanic Origin? Yes No If yes, Specify: _____

Education: (specify only highest grade completed) _____
Elementary/Secondary 0-12 or College 1-5+

Father's Name: _____
First Middle Last

Mother's Name: _____
First Middle Last

Attending Physician's Name: _____ Phone #: _____

Address: _____

Next of Kin Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Work Number: _____

Has person smoked within the last 15 years? ___ Years _____

A resident of _____ County

LIFE INVENTORY

In the event of my death, I want to make the following Life Inventory information available, in order that it might be helpful to others.

Name _____ Birth Date _____

Place of Birth: _____

Current Address: _____

Schools Attended: _____

Places of Residence: _____

Business or Occupation: _____

Organizations of which you are a member: _____

Hobbies and interest: _____

My closest relatives are (indicate "D" if deceased after name)

Spouse _____

Parents _____

Brothers _____

Sisters _____

Children _____

Grandchildren _____

Great grandchildren _____

I consider the most meaningful events or accomplishments in my life to have been: _____

Things to Remember

Here are some reminders families have found helpful:

- ___ If you need additional certified death certificates, contact your funeral home.
- ___ File Insurance claims for each policy held. Contact each company for a claim form.
(You will need a certified death certificate for each one.)
- ___ File appropriate health insurance claims and notify them of the death that has occurred.
- ___ Notify your home, business and auto insurance companies.
- ___ Contact Social Security about your benefits, appropriate forms, and procedures.
- ___ Contact the Veteran's Administration, if applicable. Ask them about benefits, appropriate forms and procedures.
- ___ Talk with your attorney about probating the will and making other necessary filings.
- ___ Make arrangements to update your will or trust, if necessary.
- ___ Transfer assets into your name or your trust, as appropriate.
- ___ Revise titles on your car(s) or other titled property.
- ___ Contact your bank(s) for revising or closing out checking/savings accounts and safe deposit boxes.
- ___ Correct the tax identification number on financial accounts, which are in the name of the deceased.
- ___ Cancel direct deposit payments that are in the same name as the deceased.
- ___ Change beneficiaries on insurance policies, retirement accounts, savings bonds, etc.
- ___ Contact creditors for all mortgages, personal notes, credit card companies, etc. in which the name of the deceased is involved.
- ___ Change the account name for the certificates of deposit and other accounts in which the name of the deceased is involved.
- ___ Change ownership of joint or solely owned stocks and bonds.
- ___ Transfer or close IRA and retirement accounts or other investments managed by brokers.
- ___ If your income will change significantly, you should make a plan for paying debts and obligations.
- ___ If needed, contact your funeral director to order a burial site marker.

NOTE: This is only a suggested checklist. It is not intended to replace appropriate legal and financial counsel.

Information regarding Advance Directive and POLST forms

If you cannot make your own health care decisions, Oregon law includes the following list of persons to ask for treatment decisions:

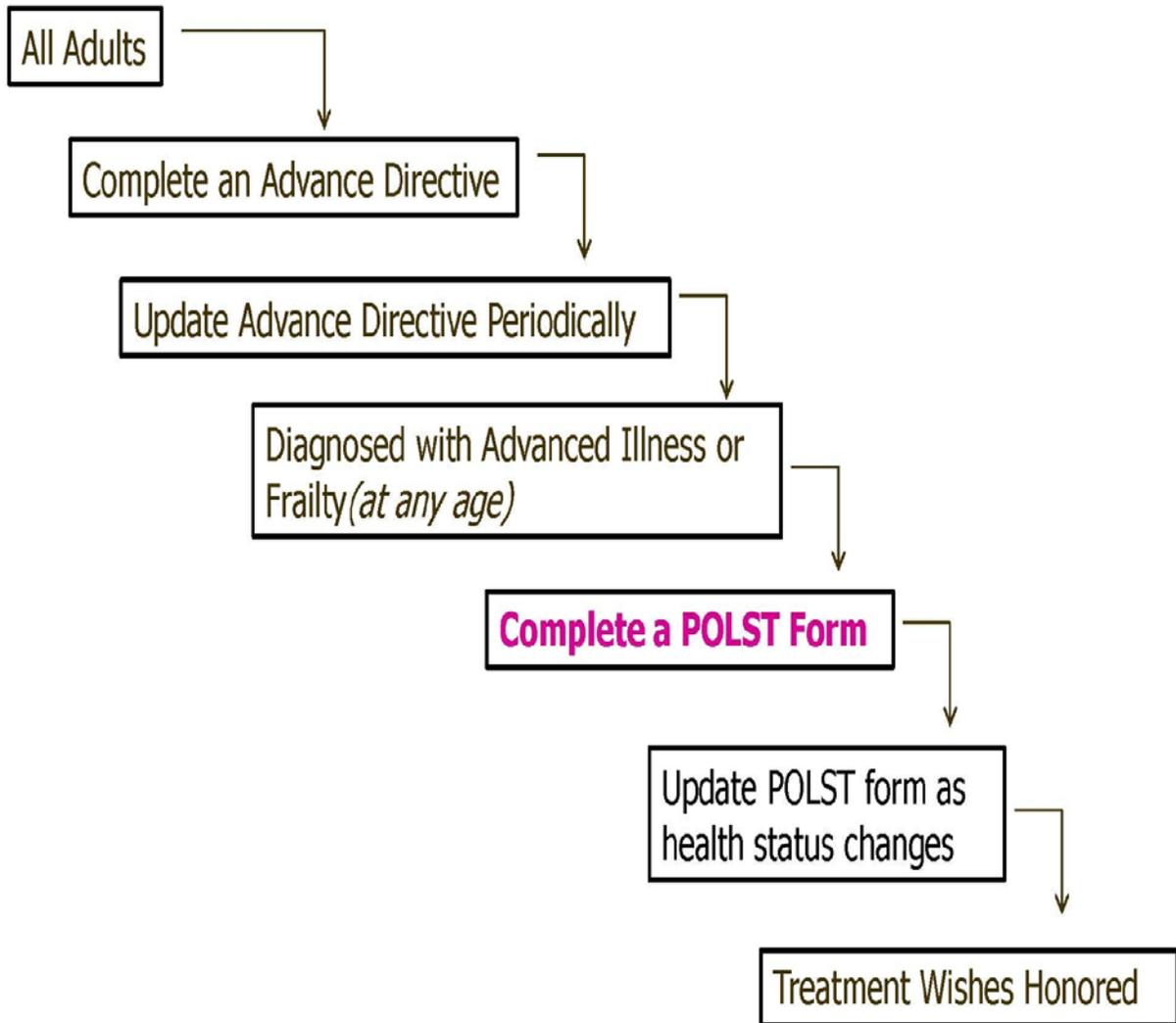
1. Health care representative (described on p. 13 of booklet)
2. Legal Guardian
3. Spouse
4. majority of Adult children
5. parents
6. adult sibling
7. other Adult relative / adult friend

Comparison of Advance Directives and POLST

	Advance Directive	POLST
For whom	For all adults	For Persons with Advanced illness
Purpose	<ul style="list-style-type: none"> • To express values • To appoint a surrogate • Future wishes 	<ul style="list-style-type: none"> • Medical orders which turn a patient's wishes into action • Applies today
Guide Actions by Emergency Medical Personnel	No	Yes
Guide Treatment decisions in the Hospital	Yes	Yes

How Advance Directives and POLST Work Together

Adapted with permission from California POLST Education Program © January 2010 Coalition for Compassionate Care of California



Discussions, Decisions and Documents

Bonus Pages

Additional lists and materials gleaned from other publications

CHOOSING YOUR PERSONAL REPRESENTATIVE OR TRUSTEE

One of the most important decisions you will make when doing your estate planning is picking the person (or persons or institution) to be in charge of your assets after you are gone-the personal representative (executor) of your will and or the trustee of any trusts you set up. (Other important decisions are choosing a guardian for your minor children and choosing an agent for your power of attorney)

You can choose more than one person to fulfill these duties: co-executors or co-trustees. This is a way to ensure that at least one person has legal or financial expertise and one is close to the family. If you choose this course, be sure to pick people or entities that can work together. You must also choose a successor in case your first choice dies or is unable to serve.

Your executor or trustee does not need any special legal or financial knowledge. If they find they need help, they can hire attorneys, accountants or financial planners and pay them from the estate's assets.

Desired traits of a Personal Representative or Trustee:

- Willing and capable of performing the duties required
- Lives nearby
- Familiar with your financial matters
- Stands to inherit a substantial amount of your property
- Honest
- Conscientiousness
- Good organizational skills
- Ability to pay close attention to detail

Some duties of an executor/trustee:

- Decide if probate court is needed
- Figure out who inherits property
- Find the deceased person's assets and manage them during the probate process
- Decide whether to sell real estate or securities owned by the deceased person.
- Terminate credit cards
- Notify banks and government agencies - such as Social Security, the post office, Medicare and the Veterans Administration
- Set up an estate bank account
- Pay debts
- Pay taxes and file a [mal income tax return
- Supervise the distribution of property

- Who do you want to make health care decisions for you when you no longer can make decisions? Have you told them that you want them to do this? Have you completed Advance Directive forms? *(See Health Decisions.)*

- What do you want that person or people to know about your wishes regarding health care decisions and your death? *(The more information we can provide, the better someone else's decision will mirror what we would really want.)*

- What have you decided about a funeral or a memorial service? How do you want your loved ones to celebrate your life? *(Not everyone wants a service or funeral. Let your family know now.)*

- What do you want to have happen to your remains? *(Tell your family. Many families have trouble making a decision about this issue and it can cause problems when they disagree.)*

TIPS FOR TOUGH CONVERSATIONS

TALKING ABOUT END OF LIFE WISHES

Starting the conversation about end of life wishes can feel awkward and scary. Some events or situations that might prompt discussion include:

- the health crisis, illness or death of a family member, friend or noted person
- newspaper articles, movies, TV shows, magazines or books
- annual medical check-ups
- legal or financial planning, and
- a sermon on end of life issues

Knowing how to discuss advance care planning choices with family members and others can be difficult. Here are some ideas to help prepare for these important conversations:

Start with yourself. Begin by discussing your own wishes rather than asking another person about his or her choices.

Choose the time and place. Tell the other person in advance that you have something important you would like to discuss, rather than catching him or her unprepared for a serious conversation.

Don't change your normal communication style. For example, if you are more comfortable communicating on the phone rather than in person, start there.

Anticipate possible reactions and your responses. Use communication strategies you have found successful in the past.

Pay special attention to those who are most likely to disagree. Talking with them in advance creates the best chance they will not cause conflict when difficult decisions are being made.

Seek out opportunities to communicate with groups. For example, one man set up a conference call with his four sons who lived in different parts of the country so he could tell all of them at the same time what he wanted, laying the groundwork for them to reference this conversation later. Because he found it too difficult to talk about these issues in person, doing it over the phone was easier for him.

The more often one broaches conversations with family members and others about end of life wishes, the more natural they become. Often it takes several conversations. However, this is worth the effort. In addition to increased assurance that wishes will be honored, many people discover that these important life conversations strengthen relationships with people they love.

SOCIAL SECURITY INFORMATION

Social Security Benefits

It is important that you consider Social Security benefits, if applicable, as a significant part of your estate.

Please remember that Social Security benefits are not paid automatically; they must be applied for. In order to apply, your survivor must complete and submit several documents to the Social Security Administration office within a specific period of time.

Documents Required:

Proof of Death (several needed)

Deceased's Social Security Card

Marriage Certificate (copy acceptable)

Deceased's Birth Certificate

Applicant's Birth Certificate

Minor Children's Birth Certificates

Proof of Disabled Child (over 18 years of age)

Funeral-Receipted Invoice of Deceased

Record of Income for Preceding Years

Proof of Termination of Any Previous Marriage

(Additional documents may be required.)

For More Information

You should contact the Social Security office nearest you for complete benefit information and guidance. Refer to your telephone directory for the number or address of the nearest Social Security office.

You can also write to the Office of Public Inquiries in care of the:

Social Security Administration

Windsor Park Building

6401 Security Boulevard

Baltimore, MD 21235

www.ssa.gov

Your Earnings and Benefit Estimate

To obtain an estimate of what your future Social Security benefits will be and how you can qualify for them, call your local Social Security office. Or, complete and mail the "Request for Earnings and Benefit Estimate Statement" on the next page. It may take six weeks to process.

Name _____

Name _____

Social Security # _____

Social Security # _____

(Keep your Social Security number accessible at all times.)

VETERANS BENEFITS INFORMATION

If you are an honorably discharged veteran and have completed the required period of duty, you or your family may be entitled to a wide range of benefits including burial benefits. Like Social Security benefits, veterans benefits are not paid automatically; they must be applied for.

When filing for veterans benefits, the following documents will be required:

- Veteran's Death Certificate
- Veteran's Discharge Papers
- Veteran's Marriage Certificate (copy)
- Birth Certificates of Veteran's Minor Children
- Receipt of Veteran's Funeral Bill (itemized)

Because the following benefits and allowances are changed by the Veterans Administration and the U.S. Congress from time to time, you are encouraged to check with your local or regional Veterans Administration office for current information on benefits and procedures. Or, call the Department of Veterans Affairs in Washington, D.C., or write:

Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420
www.va.gov

Information As Supplied by Veterans Benefits Administration:

Burial and Plot - Interment Allowances

Service-Related Death

The VA will pay up to \$2,000 toward burial expenses for deaths on or after September 11, 2001. The VA will pay up to \$1,500 for deaths prior to September 10, 2001. If the veteran is buried in a VA national cemetery, some or all of the cost of transporting the deceased may be reimbursed.

Nonservice-Related Death

When the cause of death is not service related, the reimbursements are generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot or interment allowance. The VA will pay up to \$300 toward burial and funeral expenses and a \$300 plot-interment allowance for deaths on or after December 1, 2001. The plot -interment allowance is \$150 for deaths prior to December 1, 2001. If the death happened while the veteran was in a VA hospital or under VA-contracted nursing home care, some or all of the costs for transporting the veteran's remains may be reimbursed.

Burial in VA National Cemeteries

Burial in a VA national cemetery is available for eligible veterans or their spouses and dependents at no cost to the family and includes the gravesite, grave-liner, opening and dosing of the grave, a headstone or marker, and perpetual care as part of a national shrine. For veterans, benefits also include a burial flag (with case for active duty) and military funeral honors. Family members and other loved ones of deceased veterans may request Presidential Memorial Certificates.

Headstones and Markers

Veterans, active duty service members, retired Reservists, and National Guard service members are eligible for an inscribed headstone or marker for their grave at any cemetery - national, state veterans, or private. The VA will deliver a headstone or marker at no cost anywhere in the world. For certain veterans whose deaths occurred on or after November 1, 1990, the VA may provide a government headstone or marker even if the grave is already marked with a private one. Spouses and dependent children are eligible for a government headstone or marker only if they are buried in a national or state veterans cemetery.

Burial Flags

A United States flag is provided, at no cost, to drape the casket or accompany the urn of a deceased veteran who served honorably in the U. S. Armed Forces. It is furnished to honor the memory of a veteran's military service to his or her country. Generally the flag is given to the next of kin, as a keepsake, after its use during the funeral service. When there is no next of kin, the VA will furnish the flag to a friend making request for it. You may apply for the flag by completing VA Form 21-2008. You may get a flag at any VA regional office or U.S. Post Office.

Presidential~ Memorial Certificates

A Presidential Memorial Certificate (PMC) is a gold-embossed paper certificate inscribed with the veteran's name that bears the President's signature. It honors the memory of honorably discharged deceased veterans. Next of kin, relatives, and friends may apply for a certificate through the Department of Veterans Affairs.

Guide to Writing for Your Military Medals

To obtain initial issue or replacement medals; Standard Form 180 is, no longer needed. The new approach is to submit a letter requesting the medals. Please fill in the blanks below. Send to the appropriate military branch of service listed at the bottom of this form.

COMPLETE THIS SECTION IF YOU ARE MAKING THE REQUEST FOR YOURSELF

Dear _____,

I request that I be issued all award emblems I am entitled to, I have attached a copy of my separation document (DD 214 or equivalent),

My Social Security number is: _____

My Service number was: _____

Date and place of birth: _____

Full Name with Middle Initial: _____

Address: _____

Phone Number: (_____) _____ - _____

COMPLETE THIS SECTION IF THE REQUEST IS BY THE NEXT OF KIN.

Dear _____,

As the legal next-of-kin, I request that I be issued all award emblems that (full name of veteran) was entitled to. A copy of the separation document (DD 214 or equivalent) is enclosed,

Veteran's Social Security Number: _____

Veteran's service number: _____

Veteran's date of death was: _____

Veteran's Date of Birth: _____

Place of Birth was: _____

Full name: _____

Address: _____

Phone Number: (_____) _____ - _____

Army
Commander, USARPC
ATTN: ARPC-VSE-B
9700 Page Avenue
St. Louis, MO 63132-5200

Marine Corps, Coast Guard, Navy
Liaison Office
Room 5409
9700 page Avenue
St. Louis, MO 63132-5100

Air Force
Air Force Reference Branch
National Personnel Records Center
9700 Page Avenue
St. Louis, MO 63132-5100

Application for Presidential Memorial Certificate(s)

Presidential Memorial Certificates (41AIC)
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903
Fax (202) 565-8054
Questions: (202) 565-4964

RE: Application for Presidential Memorial Certificate(s) Date: _____

Please prepare a "Presidential Memorial Certificate" on behalf of the following deceased veteran:

Name: _____ Date of Death _____

Branch: _____ Rank: _____

Social Security No. _____ Service No. _____

- Attached is a copy of the death certificate.

To verify service, please find attached a copy of "The Report of Separation from the Armed Forces of the United States Armed Forces". (Check one)

- DD Form 214
 Enlisted Record and Report of Separation - Honorable Discharge

Please send the requested certificate(s), _____ to:
(Enter quantity)

Name: _____
(Print clearly) (Relationship to the deceased)

Address: _____

City, State, Zip _____

Thank you for your prompt attention.

Sincerely,

Signature - Funeral Director

Signature - Next of Kin

Print Name - Funeral Director

Print Name - Next of Kin

Plan Your Own Funeral Form

Fill in as much as you like, Just put a line through those items you don't wish to complete

Name Date Completed

Signature *(to show that you prepared this)*

Copy on file with parish? ____ Yes ____ No

Preferred Name Birth date

Family contact person *(name and relationship)* Phone/e-mail

Address

Name/Phone number of Funeral Home:

VIGIL *(optional)* ____ yes, ____ no (see below)

FUNERAL MASS ____ Body present ____ cremains present (details on next page)

COMMITTAL/BURIAL: *(place, time)* presider

FUNERAL MEAL: *(church, restaurant, family home, other)*

(Optional) Vigil Details (Rosary is alternative option)

Location: *(funeral home, family home or church)* presider

First Reading Responsorial psalm

Gospel

Eulogy *(may have multiple speakers here)*

Music

This is the opportunity to do other readings besides scripture

FUNERAL/MEMORIAL DETAILS: *name the people below IF you have specific preferences, otherwise just put "as available"*

♥ Presider/ concelebrants:

Cross Bearer: *not currently used at HT*

♥ Altar Servers: *not currently used at HT*

♥ Musician:

♥ Cantor/ Choir:

Lectors:

Eucharistic Ministers:

Gift bearers

Speaker for Eulogy at end of Mass: *(3-5 minutes)*

Pall Bearers: *(optional)*

♥ = honorarium is customary- not required

For the scripture readings, the first reading is Old Testament and the second reading is New Testament if you choose to have only one reading, you may choose either Old or New Testament; At Holy Trinity we usually have one reading

1st Reading: _____

Responsorial Psalm: *(sung)* _____

2nd reading *(optional)* _____

Gospel: _____

General Intercessions: *(optional) things you especially want prayed for at your funeral* _____

Music: *frequently we list music we want and let the musicians decide the order*

Gathering Song: _____

Responsorial Psalm: _____

Preparation of the Gifts: _____

Communion: _____

Post-Communion Meditation Song: _____

Rite of Commendation: _____

Recessional Song: _____

Other songs: _____

Obituary Details

Parents Names: _____

Birth date/Place: _____

Spouse's name (maiden name) _____

Marriage date/place _____

Children's names _____

Other Family members to be included _____

Education _____

Military service (branch, rank, dates, discharge) _____

Occupation _____

Important affiliations _____

Memorial gifts to: _____

Hobbies/ interests: _____

Other: _____

Other things to pre-plan: leave details below

Pre-paid funeral or memorial society _____

Burial plot or niche: _____

Marker: _____

Will: _____

Medical directives: _____

Paying for above: _____

FINANCIAL STATUS FOR _____
(Name)

ESTIMATED GROSS ASSETS \$	_____
CASH \$	_____
AGGREGATE VALUE OF ALL SECURITIES \$	_____
NOTES RECEIVABLE \$	_____
LIFE INSURANCE \$	_____
BUSINESS INTEREST \$	_____
JOINT AND SURVIVOR PENSIONS AND LIFE	_____
ANNUITIES \$	_____
ANNUITY \$	_____
AGGREGATE VALUE OF ALL REAL ESTATE	_____
\$	_____
TRUSTS \$	_____
MISCELLANEOUS PERSONAL PROPERTY \$	_____
HOUSEHOLD EFFECTS \$	_____
TOTAL ASSETS \$	_____
ESTIMATED LIABILITIES \$	_____
MORTGAGES \$	_____
BANK LOANS \$	_____
NOTES PAYABLE \$	_____
TAXES OUTSTANDING \$	_____
OTHER DEBTS \$	_____
TOTAL LIABILITIES \$	_____
TOTAL NET WORTH \$	_____