



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, and
- 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

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

Preferred 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

[illegible]

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
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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.

[illegible]

Additional Information or Comments

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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