



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 _____

I have completed the following:

_____ **Medical Durable Power of Attorney**

(decision-maker/agents) _____

alternate _____

**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.*

_____ **Advance Directive for Surgical/Medical Treatment (Living Will)**

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

_____ **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.*

_____ **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 physicians 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.*

NOTE: All of these documents are available at www.ColoradoAdvanceDirectives.com

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
- **Dementia Provision** - prepared by Compassion and Choices. www.compassionandchoices.org/userfiles/Dementia_Provision.pdf

____ **Legacy Letter/Ethical Will**

**You might find great satisfaction in creating a document that embodies your life values; something that can be passed on to future generations. (Website)*

Consider this:

It is recommended that you inform family about the name of your attorney, location of your Will and Power of Attorney/Personal Representative. Whomever 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 and for your accounts.

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.*

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 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 _____

Disposition of my body after death:

___ **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 _____

Contact Information: () _____

Designated Recipient of Cremains: _____

Relationship: _____ Phone () _____

OR

____ **Donation of Remains to Science**

Designated Organization _____

Contact Information: () _____

These are my wishes and directives.

_____/_____
Member Signature / Date

_____/_____
Witness Signature / Date

_____/_____
Witness Signature / Date