



**FIRST CONGREGATIONAL**  
UNITED CHURCH OF CHRIST · BOULDER

## 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 of any part of this document will be maintained by the Senior Minister at First Congregational Church.*

*v. 7.29.19*

*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 confidential file at First Congregational Church and with your loved ones.

## IMPORTANT END-OF-LIFE DOCUMENTS

I have completed the following:

### \_\_\_\_\_ **Medical Durable Power of Attorney (MDPOA)**

It names \_\_\_\_\_ as my decision-maker/agent for medical decisions if I cannot speak for myself. 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 regarding your medical care, should have copies of all health care documents. The MDPOA allows limited space for instructions for your agent. THIS is your most important document, because your agent can help make choices appropriate to your values and the circumstances you find yourself in.*

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

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

### \_\_\_\_\_ **Power of Attorney for Financial Decisions**

\_\_\_\_\_ 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**

*Only 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. Type:** \_\_\_\_\_

*\*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 you do not die in hospital. Donating organs or your whole body for research or teaching is an option for you if you die at home, such as on hospice. Be SURE that your family knows your wishes and is on board with your decision.*

**Other helpful document options 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 Directives** - [www.dementia-directive.org](http://www.dementia-directive.org); or [www.compassionandchoices.org/userfiles/Dementia\\_Provision.pdf](http://www.compassionandchoices.org/userfiles/Dementia_Provision.pdf) (Note: May or may not be honored. Be sure your MDPOA knows your wishes in this regard.)

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

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

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

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

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

\_\_\_\_\_ **Prepare for your Care™**:- An on-line planning worksheet with videos and examples of important issues for you to decide and share with your doctor and your loved ones. <https://www.prepareforyourcare.org/welcome>

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

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

\_\_\_\_\_ **Five Wishes Document** – A document which can designate an MDPOA and be used to share some of the choices you would want to make before or after your death. <https://www.agingwithdignity.org/>

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

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

**ESTATE PLANNING DOCUMENTS (Check if completed)**

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

It names \_\_\_\_\_ as my Personal Representative.

The alternate, in case my first choice is unable or unwilling to serve, is \_\_\_\_\_.

Personal Representative's\* Phone Number: (        ) \_\_\_\_\_

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

*\*These individuals are designated to handle your financial and legal matters after your death.*

\_\_\_\_\_ **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 the 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 a First Congregational Church Minister or with someone else. Your family will appreciate your 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: FCC \_\_\_\_\_ 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: \_\_\_\_\_

Remains to be:

- \_\_\_\_\_ scattered (desired location: \_\_\_\_\_)
- \_\_\_\_\_ distributed
- \_\_\_\_\_ inurned to be buried
- \_\_\_\_\_ inurned to be placed in a columbarium
- \_\_\_\_\_ other \_\_\_\_\_

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

Designated Recipient of Remains: \_\_\_\_\_

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

OR

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

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

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

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

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

AND/OR

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

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

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

**SIGNATURE**

**These are my wishes and directives.**

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

*This document is designed to help prepare you and your loved ones for the time when you may not be able to speak for yourself, and for your death. It is not a formal document, but one that helps your loved ones and the church locate documents that will help and protect you so that the end of your life can align with your values and wishes.*

*Please feel free to give a copy to First Congregational Church, where it will be held in a confidential file in the Senior Minister's office in case of an emergency.*