



*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), \_\_\_\_\_, 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 \_\_\_\_\_



## 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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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