

DIRECTIVES FOR END OF LIFE

Full Name: _____ Date of Birth: _____

Responsible Party #1: _____ Phone #: _____

Responsible Party #2: _____ Phone #: _____

ADVANCE DIRECTIVES

_____ I have completed a form for "Durable Power of Attorney for Healthcare."

Name of Agent: _____

_____ I have completed a Will

_____ I have completed a "Living Will"

_____ I have completed a "Contribution of Anatomical Gift" form
(A copy of the above forms should be given to your designated "Responsible Party")

I have included TLC in my Will: _____ YES _____ NO

GUIDE TO FUNERAL PLANNING

I direct that, at my death, the following is to occur, if at all possible:

_____ **Cremation:** Crematorium: _____

_____ Ashes to be scattered. Where: _____

_____ Ashes to be buried/interred in what cemetery: _____

_____ I am interested in being interred in a columbarium, should this be constructed at Zion Lutheran Church. A columbarium is a wall located in a Memorial Garden Containing niches for the interment of ashes (cremains).

_____ **Burial:** Mortuary: _____

_____ Earth Burial: Cemetery: _____

_____ Above-Ground Burial: Mausoleum: _____

_____ **Special Instructions for Worship Service:**

_____ Memorial Service (casket not present)

_____ Funeral Service (casket present): _____ open casket; _____ closed casket

Location: ZLC _____ ; Elsewhere: _____

Casket Bearers (if casket present at Service): _____

Two favorite hymns to be used at Memorial/Funeral Service: _____

Two favorite Scripture Readings to be used at Memorial/Funeral Service:

Other Instructions and Special Requests for Service:

Suggestions for Memorial Gifts: _____

Brief Auto-Biographical Notes to include in Obituary: (optional)

Date: _____



Additional copies of this form are available at Zion Lutheran Church. After completing form, have copy made and give copy to Responsible Parties of Next of Kin and send original (or copy) to:

*Zion Lutheran Church
413 Avenue D East
Bismarck, ND 58501*