

DEATH CARE DECISIONS DECLARATION

Most people with an Estate Plan have a valid Last Will, A Living Will, and Power(s) of Attorney for Health Care and Financials, but seldom a document for Final Arrangements. The following is a guide for those Final Wishes. It can be used as a guide for creating of your own customized document. Or if you prefer, use it directly, filling in the parts that are appropriate for your situation and crossing out those that are not.

Dear Family and Friends:

My final wishes upon my death are as follows.

1. As a member of the Funeral Consumers Alliance of the Finger Lakes (FCAFL), I want simple, dignified, reasonably priced arrangements. I have selected/contracted with:

Funeral Home to provide the services necessary to prepare my body for the "Type" of service I have selected. I have chosen Type _____. See the current FCAFL brochure for details.

2. In the event I die away from the Finger Lakes area, please select a funeral home in the area where I die and to the extent possible have my wishes carried out there. Funeral consumer associations or memorial societies that have information about local funeral homes serve many areas in the U.S. and Canada. Organizations affiliated with the national Funeral Consumers Alliance are listed at its web site (www.funerals.org). My membership in the FCAFL entitles me to information from any affiliate.

3. Attached is a list of people to notify. (Name, address, phone number, e-mail)

4. My preferred clergy person is (name and contact data) (leave blank if no preference):

5. My Obituary shall be limited to _____ words. A rough draft is attached. (Cost is paid directly to the newspaper) (Currently the Ithaca Journal charges \$1.91 per line or approximately 50 cents a word!)

5b. Additional information for my obituary is in my end-of-life arrangements file.

5c. I want no obituary to be published.

6. My memorial service is at the convenience of family and friends. There can be more than one service if necessary to satisfy differing perceptions.

6a. I desire no funeral or memorial service. My survivors may arrange an informal recognition of my life if they so desire

7. If cremated, my ashes to be disposed of in the following manner: _____

or

8. I want to be buried in a simple casket or alternative container in accordance with the arrangements in my death-care file and/or FCAFL Membership contract. (See my death-care arrangements file for cemetery details and/or funeral wishes.)

9. Location of original copy of my Will and other Estate Plan papers.

10. The costs of my death care arrangements are to be paid from: (account or fund)

11. Other Instructions _____

People receiving copies of this declaration are:

Thank you for following my wishes!

(Signed) _____

(Dated) _____