

**Instructions for My End-of-Life Care and Burial**

**Name:** \_\_\_\_\_

**As an Eastern Orthodox Christian, there are certain practices that are important for me at the time of my death. Please follow these directions:**

- 1. If I am gravely ill, please follow my Advance Directives and POLST orders. These documents may be found in \_\_\_\_\_.**
- 2. If death is near, and while I remain conscious and able to speak, please call my parish priest to hear my last Confession and administer Holy Communion. He may be reached at:  
\_\_\_\_\_.**
- 3. If I am away from home and my parish priest is not available, a hospital chaplain may help you locate an Orthodox priest to facilitate #2, above.**
- 4. Do not have my body embalmed or cremated. Do not have performed an autopsy (unless required by the appropriate authorities) or allow harvesting of my body parts unless specifically directed.**
- 5. With the assistance of my priest and parish, have my funeral held in the church, using the Orthodox Burial Service.**
- 6. If my body is to be moved to a church cemetery at a future date, please make the necessary arrangements with the County and the church when a plot is available.**

**Signed by me** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witnesses** \_\_\_\_\_

\_\_\_\_\_

**(Keep this document with all of your important papers and give copies of it to your Parish Priest, Attorney, Physician and Family.)**

Legal Information/ Location of Important Documents

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Birth date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ County: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Priest: \_\_\_\_\_

Church: \_\_\_\_\_

Telephone: \_\_\_\_\_

Attorney: \_\_\_\_\_

Telephone: \_\_\_\_\_

Has a Will been completed? \_\_\_\_ Yes \_\_\_\_ No

Where are your important documents located? \_\_\_\_\_

Legal Power of Attorney: \_\_\_\_\_

Telephone: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_

Safety Deposit Box: \_\_\_\_ Yes \_\_\_\_ No

Who has access to this box? \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Agent: \_\_\_\_\_

Telephone: \_\_\_\_\_

Medical Power of Attorney: \_\_\_\_\_

Telephone: \_\_\_\_\_

Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Have you completed "Advance Directives"? \_\_\_\_ Yes \_\_\_\_ No

Where is this located? \_\_\_\_\_

Have you completed a "POLST Document" \_\_\_\_ Yes \_\_\_\_ No

Where is this located? \_\_\_\_\_

Please notify the following people at the time of my passing:

Name

Telephone Number