Boulder Valley
Unitarian Universalist Fellowship

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". ***If you are willing, we would like to keep a copy of this first page in the BVUUF office in case of an emergency.***

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_____

Note: This document is not a legal document.
It is an organizer of your preferences.
It should be supplemented by conversations with your family.

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Please share a copy of this document with your loved ones.
It is designed to organize your plans and wishes and is not a legal document.
You may wish to attach legal documents to this planning document.
Make sure that your multiple documents are updated regularly
and consistent in representing your preferences.

Section 1: IMPORTANT END-OF-LIFE HEALTHCARE DOCUMENTS

I have completed the following:

Medical Power of Attorney -- highly recommended

It names _____ as my decision-maker/agent. 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 healthcare documents. This MDPOA document includes space for instructions for your agent. Provide a copy of this document to your preferred hospital and to your physician.*

_____ has a copy

Contact Information: ( ) _____

Advance Directive for Surgical/Medical Treatment (Living Will)-optional

Provides more specific guidance about what you would want under certain circumstances.

_____ has a copy

Contact Information: ( ) _____

Cardiopulmonary Resuscitation Directive (CPR)-optional

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

Recommended for very elderly, chronically or seriously ill people after discussion with your physician. 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: Boulder Community Health has an excellent website that offers brief videos and access to all of these documents:
www.bch.org/patient-visitors/patient-services/advance-care-planning/

Documents are also available at: www.ColoradoCarePlanning.org

I wish to be an Organ Donor

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 one does not die in hospital. Donating for research is a more viable option for one who dies at home. Be sure that your family knows your wishes and is on board with your decision. Check your driver's license to see if you have made that notation.

https://www.donatelifecolorado.org

I wish to donate my body

There are various organizations that will receive all or parts of your body for research purposes. It is preferable to make these arrangements before death. This is the link to the Anatomical Board at the CU Medical School.

http://www.ucdenver.edu/academics/colleges/medicalschool/departments/CellDevelopmentalBiology/anatomicalboard/Pages/default.aspx

Other helpful documents and sites may include:

The Conversation Project Starter Kit - *basis of a values-based discussion with those who care about you. Offers educational sessions and coaching. Could be attached to your MDPOA document.* www.theconversationprojectinboulder.org

_____ has a copy

Contact Information: ( ) _____

Dementia Directive - *prepared by Compassion and Choices.*
www.compassionandchoices.org/userfiles/Dementia_Provision.pdf
Or
www.dementia-directive.org

_____ has a copy

Contact Information: ( ) _____

Legacy Letter/Ethical Will - *You might find great satisfaction in creating a document that embodies your life values; something that can be passed onto future generations.* https://celebrationsoflife.net/ethicalwills/

_____ has a copy

Contact Information: ( ) _____

Section 2: ESTATE PLANNING DOCUMENTS

Last Will and Testament

Durable Power of Attorney (financial matters before your death)

Personal Representative (financial matters after death)

Describe the location of these documents: _____

_____

List of accounts and passwords

Whomever 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. It is recommended that you meet with the individuals who will represent you before and after your death. Create a list of bank accounts, insurance policies and other planning documents.

Location of these documents:_____

Section 3: 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.

Organization(s) for charitable contributions *(helpful to discuss this with family)*

_____

Section 4: MEMORIAL SERVICE PLANNING

You may wish to plan your service with the BVUUF minister or with someone else. Your family will appreciate you 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: BVUUF _____ 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: _____

Section 5: 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
(Will need funeral home for transportation)

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 #_____

(More options on next page)

Cremation

Designated Organization: _____

Cremains to be:

_____ scattered (desired location: _____)

_____ distributed

_____ inurned to be buried

_____ inurned to be placed in a columbarium

_____ other _____

Contact Information: ( ) _____

Designated Recipient of Cremains: _____

Relationship: _____ Phone ( ) _____

Green Burial *(Burial without embalming in biodegradable casket)*

Designated Organization: _____

Preferred burial container: _____

Contact Information: ( )_____

Relationship: _____Phone ( ) _____

Body Composting or Water Cremation *(newer techniques and information available at www.thenatturalfuneral.org*

Donation of Remains to Scientific Research (see page 4)

Designated Organization: _____

Contact Information: ( )_____

Note: This is a planning guide and not a legal document. It is an organizational tool. It does not supplant conversations with legal experts and your healthcare provider. Documents should be discussed and shared with your decision-makers.