

## Other Things to Consider Concerning My End of Life Wishes

(If you do not do this part now, it is a good idea to think about these things and complete later.)

9. I am a member of an organized church or religion?  yes  no

My specific faith, congregation or spiritual practice  
is \_\_\_\_\_

10. To help attend to my spiritual needs as death approaches, I would call upon:

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

11. When I am dying I would like my surroundings as follows and I would like to have with me these special possessions:

12. As I am near to the end of my life, I would like these people informed:

13. Following my death, I would like to also inform these people:

14. I have written or will write an announcement of death (obituary):  yes  no

15. My wishes for after-death care are for  natural death care  burial  cremation

My wishes for memorial activity are as follows:

16. If I have made arrangements, the contact person/phone is \_\_\_\_\_

17. Other things important for someone to know about me, in the event that I become incapacitated or my death is close at hand?

18. \_\_\_\_\_  
(your signature/date) (optional - witness signature/date)

**Please attach additional sheets if needed. When completed, copy and share this with your doctor, family and caregivers and make time for meaningful conversations in the process.** It also is important to properly complete an Advance Health Care Directive (AHCD) and distribute that to people who may need to guide your care if and when you become unable to make your wishes known and honored. When completing the AHCD, we recommend that you attach to your AHCD this completed Values Checklist and Guide (or something similar) and note in AHCD under "Special Instructions:" see Values Checklist attached. Advance Health Care Directive forms are available without charge from physicians, hospitals, social service providers, care homes and others.