

DOCUMENTS

There are several documents that you are encouraged to execute to ensure that your wishes will be known and to avoid any confusion in the event of a serious medical condition and/or death. A basic description of each document is listed below and a copy of each is included as an appendix. These documents exist in other formats and may be used instead of the documents provided.

A. LAST WILL AND TRUST DOCUMENTS

You should have a copy of your current will or trust in a marked, sealed envelope. The sealed file, or a note stating where your will can be found, should be sent to the Bishop and/or Chancellor and will be kept in your confidential personal file in the Chancery vault. Also include an inventory of your personal property and how you want it dispersed. Refer to Appendix A.

Please keep in mind that brother priests should be the executor, without restrictions, for a brother priest's will.

B. DURABLE POWER OF ATTORNEY FOR GENERAL USE

You are also encouraged to execute a General Durable Power of Attorney. This legal document provides the name of a person who would assist you in handling your financial and other non-medical affairs. This is especially important to ensure the prompt payment of bills during times when you are unable to do so yourself. Please keep in mind that brother priests should be the executor for a brother priest's will.

A copy of your General Durable Power of Attorney should be completed and sent to the Bishop and/or Chancellor to be placed in your confidential file. It will only be referenced if a serious situation arises. A General Durable Power of Attorney Document is attached as Appendix B.

C. DURABLE POWER OF ATTORNEY FOR HEALTH CARE

You are encouraged to execute a Durable Power of Attorney for Health Care. This legal document provides the name of the person who will make medical decisions for you in the event you become physically or mentally unable to make them for yourself and this is certified in writing by your physician. The person named in this document will use the Directive to Physicians to help guide medical decisions.

The original Durable Power of Attorney for Health Care should be given to the individual designated and a copy sent to the Bishop and/or Chancellor to be placed in your confidential file. It will only be referenced if a serious medical situation arises. A Durable Power of Attorney for Health Care and its related Disclosure Statement Form are attached as Appendix C.

D. DIRECTIVE TO PHYSICIANS

A Directive to Physicians is a legal document which you provide to your physicians and family regarding your medical care when you are unable to speak for yourself due to a serious condition. The document states your religious and moral beliefs and provides a general understanding of the medical treatments/interventions you would want done and those you would not want done at the time of terminal illness and imminent death. A Directive to Physicians is a supplemental document to your Durable Power of Attorney for Health Care.

A copy of your Directive to Physicians should also be sent to the Bishop and/or Chancellor to be placed in your confidential file. It will only be referenced if a serious medical situation arises. Refer to Appendix D for a copy of the document.

E. ORGAN/TISSUE DONATION

For organs/tissue to be utilized for donation they must be retrieved shortly after death. A completed organ/tissue donation form allows your donation wishes to be known and followed. An Organ/Tissue Donation Form is attached as Appendix E, if you choose to give the gift of life to someone.

A copy of your Organ/Tissue Donation Form should be sent to the Bishop and/or Chancellor to be kept in your confidential personal file in the Chancery vault. Make sure your *Durable Power of Attorney For Health Care* knows of your wishes regarding organ/tissue donation and has a copy of a completed form if you desire to be a donor.

F. LIST OF PRIEST'S PERSONAL EFFECTS

Each priest should have some type of record of personal effects. This can be done by a written list or some type of audio/video recording. For priests living in rectories this is especially important so that there is clear knowledge of what is the personal property of the priest and what is the property of the parish. You may wish to include on the list how you want your personal effects dispersed after your death.

A sample list of priest's personal effects is attached as Appendix F. A copy of your personal effects should be included with your will in a sealed envelope.

G. INSTRUCTIONS FOR PRIEST'S FUNERAL FORM

Priests are strongly encouraged to have a current *Instructions for Priest's Funeral Form* completed. It is the best way to ensure that your desires are fulfilled concerning your funeral arrangements, including funeral home used, funeral liturgies and place of burial.

It should be on file at the Chancery. The sealed file should be sent to the Bishop and/or Chancellor and will be kept in your confidential personal file in the Chancery vault. Refer to Appendix G.

APPENDIX

APPENDIX A. Form of Will - Roman Catholic Priest

APPENDIX B. General Durable Power of Attorney

APPENDIX C. Durable Power of Attorney for Health Care Document
and Disclosure Statement Form

APPENDIX D. Directive to Physicians

APPENDIX E. Organ/Tissue Donation Form

APPENDIX F. Instructions for a Priest's Funeral Form

APPENDIX G. List of Priest's Personal Effects

PERSONAL INFORMATION RECORD OF:

My **full** name is _____

State of Legal Residence is _____

(The laws of this state will govern the settlement of my estate)

LAST WILL AND TESTAMENT:

_____ Yes, I have made my will. The original can be found at:

Independent Executor and trustee of my will is:

The lawyer who drew my will is:

The address of this lawyer is: _____

The lawyer I want to handle my estate is:

The address of this lawyer is: _____

APPENDIX "A"

FORM OF WILL - ROMAN CATHOLIC PRIEST

IN THE NAME OF THE MOST HOLY TRINITY, AMEN.

I, _____, a Priest of the Roman Catholic Church residing at _____, County _____ of _____, State of _____, do hereby make, publish and declare this instrument to be my Last Will and Testament, hereby revoking any and all Wills and Codicils by me at any time heretofore made.

FIRST. I direct that my Independent Executor examine my private Mass stipend book to determine whether all mass intentions have been fulfilled and, if not, that he make suitable arrangements for them to be satisfied by one or more priests at the expense of my estate.

(An Article such as this is recommended.)

SECOND. I give and bequeath all personal sacred vessels and vestments and any other sacerdotal articles to _____.

(name of priest or religious body)

(An Article such as this is recommended.)

THIRD. I give and bequeath to my Independent Executor all of my priestly papers and records. Without listing the absolute character of such bequest, I request that he dispose of them in his discretion or in accordance with such wishes as I may have expressed to him.

FOURTH. I give and bequeath my remaining tangible personal property as follows:

(Include appropriate directions. If none are given, the remaining tangible personal property will pass as a part of the residuary estate under Article EIGHT.)

FIFTH. I give and bequeath to _____ (name of Church or other religious organization) located at _____, State of _____, the sum of _____ (\$ _____) Dollars and direct that _____ Masses be offered for the repose of my soul.

(An Article such as this is recommended.)

SIXTH. I give and bequeath the following sums to the organizations named below:

(a) To _____, whose address is _____, the sum of _____ (\$ _____) Dollars.

(b) To _____, whose address is _____, the sum of _____ (\$ _____) Dollars.

(An Article such as this, making bequests for missionary and charitable purposes, if possible, is recommended.)

SEVENTH. I give and bequeath the following sums to the persons named below who shall survive me:

(a) To _____, whose address is _____, the sum of _____ (\$ _____) Dollars.

(b) To _____, whose address is _____, the sum of _____ (\$ _____) Dollars.

(An Article such as this is entirely optional.)

EIGHT. All the rest, residue and remainder of my estate, real and personal, of whatever kind and wherever situated, including any bequest hereinbefore made that may

lapse, in this Will, collectively referred to as my residuary estate, I give, devise and bequeath as follows:

(An Article such as this, which disposes of the residuary estate, is essential.)

NINTH. I nominate, constitute and appoint REV. _____ of _____, the Independent Executor of this Will. In the event that he shall for any reason fail to qualify or cease to serve, I nominate, constitute and appoint REV. _____ of _____, successor Independent Executor.

All references in this will to my Independent Executor shall be deemed to refer to and include any successor Independent Executor at any time acting hereunder.

(An Article such as this, which appoints one or more Executors and one or more successors, is essential. The appointment of fellow priests is recommended.)

TENTH. No bond or other security shall be required of the person named herein as Independent Executor or his successor or successors in any jurisdiction whatsoever for the faithful and proper performance of their duties as such.

(An Article such as this, which saves the expense of providing a bond, is customary.

ELEVENTH. In the administration of my estate, my Independent Executor or his successor or successors, hereinafter referred to collectively, shall, except as my otherwise be provided in this my Will, have the following powers, in addition to the powers now or hereafter granted by law, to be exercised in their absolute discretion and without authorization by any court:

(1) To retain any property, whether owned by me at the time of my death or subsequently acquired, for as long as may be deemed advisable and to invest or reinvest in any other property, real or personal, domestic or foreign, including any stocks or other securities, whether or not the property retained or acquired be of the character authorized by law for the investment of estate or trust funds and without regard to degree of risk, yield or diversification as to kind of amount.

(2) To borrow money from any lender, for any purpose and on any terms deemed advisable, and as security to mortgage, pledge, hypothecate or otherwise encumber any property, real or personal.

(3) To make distribution in cash or in kind, or partly in each, and to cause any share to be composed of cash, property or undivided fractional interests in property different from any other share.

(4) To appoint and employ agents, custodians and advisers, compensate them, without diminution of their own compensation as fiduciaries hereunder, reimburse them for expenses and delegate any discretion deemed advisable.

(This Article could be eliminated if it is anticipated that the estate will not be large and complex since the essential powers of an Independent Executor are granted by statute.)

TWELFTH: I direct that there be paid out of my residuary estate, as an expense of administration and without apportionment, any and all estate, transfer, legacy, succession, inheritance or other death taxes, domestic and foreign, including interest and penalties thereon, if any, imposed with respect to my estate or with respect to any interest, benefit or property included therein for tax purposes, whether passing under this Will, any Codicil hereto, or otherwise.

(This Article could be eliminated if it is anticipated that the estate will not be large enough to involve death taxes. If the Article is used and the beneficiaries of the residuary estate in Article EIGHT include individuals as well as tax-exempt organizations, the provisions of this Article should be modified to state how the death taxes are to be apportioned among the beneficiaries of the residuary estate.)

IN WITNESS WHEREOF, I have hereunder subscribed my name and affixed my seal to this my Last Will and Testament on this _____ day of _____ in this year of Our Lord _____.

_____(L.S.)

SIGNED, SEALED, PUBLISHED AND DECLARED BY _____ the Testator above named, as and for his Last Will and Testament, to us and in the presence of us, who, at his request and in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses this _____ day of _____, in the year of Our Lord _____.

_____ Residing at _____

_____ Residing at _____

_____ Residing at _____

APPENDIX "B"

GENERAL DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

I, _____, County of _____, in the
(Name)
State of _____ hereby appoint

(General Durable Power of Attorney Name)

(Street Address)

(City, State and Zip Code) (Phone Number)

as my true and lawful attorney in fact, to act for me and in my name.

If the above named individual is unable or unwilling to act as my attorney, I appoint

(Alternate General Durable Power of Attorney Name)

(Street Address)

(City, State and Zip Code) (Phone Number)

as a substitute true and lawful attorney in fact, to act for me and in my name.

My attorney shall have the authority granted in a general power of attorney, including, but not limited to, the following:

To exercise, do, or perform any act, right, power, duty, or obligation whatsoever that I now have or may acquire the legal right, power, or capacity to exercise, do, or perform in connection with, arising out of, or relating to any person, item, thing, transaction, business property, real or personal, tangible or intangible, or matter whatsoever;

To ask, demand, sue for, recover, collect, received, and hold and possess all such sums of money, debts, dues, bonds, notes, checks, drafts, interests, dividends, stock certificates, certificates of deposit, annuities, pension and retirement benefits, individual retirement accounts, rollovers and voluntary contributions, insurance benefits and proceeds, government entitlements such as Medicare, Medicaid or Supplemental Social Security, documents of title, chooses in action, personal and real property, intangible and tangible property and property rights, and demands whatsoever,

liquidated or unliquidated, as are now, or shall hereafter become owned by, or due, owing, payable, or belonging to me or in which I have or may acquire an interest, and to have, use, and take all lawful ways and means and legal and equitable remedies, procedures, and writs in my name for the collection and recovery thereof, and to compromise, settle, and agree for the same, and to make execute, and deliver for me and in my name all endorsements, acquaintances, releases, receipts, or other sufficient discharges for the same:

To sign tax returns, Internal Revenue Service Powers of Attorney and to settle tax disputes;

To lease, purchase, exchange, and acquire, and to bargain, contract, and agree for the lease, purchase, exchange, and acquisition of, and to take, receive, and possess any real or personal property whatsoever, tangible or intangible, or interest therein, on such terms and conditions, and under such covenants, as said attorney in fact shall deem proper;

To improve, repair, maintain, manage, insure, rent, lease, sell, release, convey, subject to liens, mortgage, and hypothecate, and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, which I now own or my hereafter acquire, for me and in my name, and under such terms and conditions, and under such covenants as said attorney shall deem proper;

To engage in any transact any and all lawful business of whatever nature or kind for me and in my name;

To sign, endorse, execute, acknowledge, deliver, received, and possess such applications, contracts, agreements, options, covenants, deeds, conveyances, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, drafts, bills of exchange, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or debts in, or certificates of deposit of, banks, savings and loan or other institutions or associations, proofs of loss, evidence of depots, releases, and satisfaction of mortgages, judgments, liens, security agreements, and other debts and obligations, and such other instruments in writing of whatever kind an nature as may be necessary or proper in the exercise of the rights and powers herein granted.

GENERAL DURABLE POWER OF ATTORNEY Page 3

I grant to my attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, and proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my said general power of attorney in fact, or his/her substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the right and powers herein granted.

This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specific items, acts, rights, or powers herein does not limit or restrict, and is not to be construed or interpreted as limiting or restricting the general power herein granted to said attorney in fact.

The rights, powers, and authority of my general power of attorney in fact to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect as of the date of execution hereof, and such rights, powers, and authority shall remain in full force and effect thereafter until such authority is terminated by me by written notice. Provided, however, this power of attorney shall not be terminated on the disability of the principal.

This general power of attorney revokes any previous powers of attorney granted by me. This general power of attorney may be voluntarily revoked only by me at any time by my written revocation delivered to my attorney in fact or by my written revocation entered of record in the official records of _____ County, State of _____.

Dated this the _____ day of _____, in the year _____.

I sign my name to this General Durable Power of Attorney on the _____ day of _____, in the year _____, in the County of _____, State of _____.

Signature

(Print Name)

(First Witness)

(Second Witness)

STATE OF _____ COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared

_____, known to me to be the person whose name is subscribed to the annexed and foregoing instrument of writing, and acknowledge to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this the _____ day

of _____, in the year _____.

NOTARY PUBLIC, In and For

The State of _____

APPENDIX “C”

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

As a Catholic, I believe in a God who is merciful and in Jesus, who is my Savior. I believe that God is the author of human life, which is a great and glorious gift from Him. He is the God of life, not death, and He has sent us His only-begotten Son so that in union with Him we can have eternal life. I know that, like all human persons, I will die. But, I know that Jesus has through His death and resurrection conquered death, so that death has lost its sting (I Cor. 15:35) and that Jesus will raise His faithful disciples to life eternal. For them, through death, “life is changed, not ended” (Preface, Funeral Mass). I believe that suffering is unavoidable as part of the human condition and that suffering has a special meaning in God’s plan for human lives.

However, I also accept, as the Catholic Church teaches, that death need not be resisted by any and every possible means under every circumstance and that I have the right not to die, but to refuse those medical treatments that are useless or excessively burdensome and that would only unreasonable prolong my own dying, delaying my return to God in Whom “there will be no more death, no more grief, or crying out in pain” and Who will “make all things new” (Rev. 21:3).

DESIGNATION OF HEALTH CARE AGENT

I, _____
(Declarant Name) (Street Address)

(Phone Number) (City, State and Zip Code)

Appoint as my Designated Health Care Agent:

(Name) (Street Address)

(Phone Number) (City, State and Zip Code)

Designation of Alternate Agent

I understand that I am not required to designate an alternate agent, but I may choose to do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as my agent. If the person designated as my designated agent is unable or unwilling to make health care decisions for me, I designate the following alternate agent to serve as my agent in making health care decisions for me as authorized by this document. My alternate agent is:

Alternate Agent

(Name) (Street Address)

(Phone Number) (City, State and Zip Code)

LIMITATIONS ON THE DECISION MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS

This Durable Power of Attorney for Health Care takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician. My agent is to make any and all health care decisions for me, except to the extent I state at this time, in this document.

ORIGINAL AND COPIES OF THIS DOCUMENT

The original of this document is kept at:

(Name) (Street Address)

(Phone Number) (City, State and Zip Code)

The following individual(s) or institution(s) have signed copies:

Copy

(Name) (Street Address)

(Phone Number) (City, State and Zip Code)

DURATION: I understand that this Power of Attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the Power of Attorney. If I am unable to make health care decisions for myself when this Power of Attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

(IF APPLICABLE) This Power of Attorney ends on the following date: _____.

PRIOR DESIGNATIONS REVOKED. I revoke any prior Durable Power of Attorney for Health Care.

ACKNOWLEDGMENT OF DISCLOSURE STATEMENT. I have been provided with a disclosure statement explaining the effect of this document, (see attached). I have read and understand the information contained in the disclosure statement.

I sign my name to this Durable Power of Attorney for Health Care on the _____ day of _____, in the year _____, in the city of _____, state of _____.

Print Name Signature

STATEMENT OF WITNESSES. I declare under penalty of perjury that the principal has identified himself to me, that the principal signed or acknowledged this Durable Power of Attorney for Health Care in my presence, that I believe the principal to be of sound mind, that the principal has affirmed that the principal is aware of the nature of the document and is signing it voluntarily and free from duress, that the principal requested that I serve as witness to the principal's execution of this document, that I am not appointed as agent by this document, and that I am not a provider of health or residential care, an employee of the provider of health or residential care, the operator of a community care facility, or an employee of an operator of a health care facility.

I declare that I am not related to the principal by blood, marriage or adoption and that to the best of my knowledge I am not entitled to any part of the estate of the principal on the death of the principal under a will or by operation of law.

FIRST WITNESS

(Print Name) (Street Address)

(Signature) (City, State and Zip Code)

SECOND WITNESS

(Print Name) (Street Address)

(Signature) (City, State and Zip Code)

DISCLOSURE STATEMENT FORM: This is an important legal document. Before signing this document, you should know these important facts:

Unless you state otherwise, this document gives the person you name as your agent the authority to make all health care decisions for you in accordance with your wishes, when your doctor certifies that you lack the capacity to make health care decisions. Because “health care” means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment, and may make decisions about withdrawing or withholding life sustaining treatment. A physician must comply with your agent’s instructions or allow you to be transferred to another physician.

Your agent’s authority begins when your doctor certifies that you lack the capacity to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or health care provider before you sign it to ensure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone who is knowledgeable about these issues and can answer your questions. You do not need a lawyer’s assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer’s advice.

The person you appoint as agent should be someone you know and trust; is 18 years of age or older; or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician; give each a signed copy; and indicate on the document the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so. In such case, treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing, or by your execution of a subsequent durable power of attorney for health care. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS SIGNED IN THE PRESENCE OF TWO OR MORE QUALIFIED WITNESSES. THE FOLLOWING PERSONS MAY NOT ACT AS WITNESSES:

the person you have designated as your agent; your health or residential care provider or an employee of your health or residential care provider; your spouse; your lawful heirs or beneficiaries named in your will or a deed; or creditors or persons who have claim against you.

APPENDIX ‘D’

DIRECTIVE TO PHYSICIANS

Directive made this _____ day of _____, in the year of _____.

I _____, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth in this directive.

As a Catholic, I believe in a God who is merciful and in Jesus, who is my Savior. I believe that God is the author of human life, which is a great and glorious gift from Him. He is the God of life, not death, and He has sent us His only-begotten Son so that in union with Him we can have eternal life. I know that, like all human persons, I will die. But, I know that Jesus has through His death and resurrection conquered death, so that death has lost its sting (I Cor. 15:35) and that Jesus will raise His faithful disciples to life eternal. For them, through death, “life is changed, not ended” (Preface, Funeral Mass). I believe that suffering is unavoidable as part of the human condition and that suffering has a special meaning in God’s plan for human lives.

However, I also accept, as the Catholic Church teaches, that death need not be resisted by any and every possible means under every circumstance and that I have the right not to die, but to refuse those medical treatments that are useless or excessively burdensome and that would only unreasonable prolong my own dying, delaying my return to God in Whom “there will be no more death, no more grief, or crying out in pain” and Who will “make all things new” (Rev. 21:3).

1. I ask that if I become terminally ill, I be told of this so that I might prepare myself for death. If I am unable to make decisions for myself, I direct that my spiritual needs be taken care of--that I be attended by a Catholic priest and receive the Sacrament of Anointing of the Sick and Viaticum.

2. If at any time I should have an incurable condition caused by injury, disease, or illness certified to be a terminal condition by two physicians, and if the application of life-sustaining procedures will serve only to artificially prolong the moment of my death, and if my attending physician determines that my death is imminent whether or not life-sustaining procedures are used, I direct that those procedures be withheld or withdrawn, and that I be permitted to die naturally. I additionally direct that if I am administered medication, or any medical procedures are performed on me, that these be only those medications or procedures deemed necessary to provide me with comfort care, or to alleviate pain or mental anguish.

3. In the absence of my ability to give directions regarding the use of those life- sustaining procedures, it is my intention that this directive be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical

treatment and accept the consequences from that refusal. I believe that I am not bound in conscience to use ethically extraordinary or disproportionate medical treatments for sustaining life, that is, means that are excessively burdensome or do not offer any reasonable hope of benefit.

4. In the event I become comatose, incompetent or otherwise mentally or physically incapable of communication, I authorize the individual listed below as my agent to make treatment decisions on my behalf in accordance with my "Directive to Physicians." I have discussed my wishes concerning terminal care with this person, and I trust his/her judgment on my behalf. If I fall into a permanent comatose state, I direct that no ethically extraordinary or excessively burdensome treatments be used.

Agent:

(Name) (Street Address)

(Phone Number) (City, State, and Zip Code)

Alternate Agent:

(Name) (Street Address)

(Phone Number) (City, State, and Zip Code)

5. After my death, I direct that any of my body parts (organs/tissues/fluids) as needed for transplants be removed.

6. This Directive is in effect until it is revoked.

7. I understand the full import of this Directive and I am emotionally and mentally competent to make this Directive.

8. I understand that I may revoke this Directive at any time.

(Declarant Signature)

(Declarant Name) (Street Address)

(Phone Number) (City, State, and Zip Code)

The Declarant has been personally known to me and I believe the Declarant to be of sound mind. I am not related to the Declarant by blood or marriage. I would not be entitled to any portion of the Declarant's estate on the Declarant's death. I am not the attending physician of the Declarant or an employee of the attending physician or a health facility in which the Declarant is a patient. I am not a patient in the health care facility in which the Declarant is a patient. I have no claim against any portion of the Declarant's estate on the Declarant's death.

FIRST WITNESS

(Name) (Street Address)

(City, State, and Zip Code)

SECOND WITNESS

(Name) (Street Address)

(City, State, and Zip Code)

APPENDIX "E"

ORGAN/TISSUE DONATION FORM

Pursuant to the Uniform Anatomical Gift Act, I hereby give, effective upon my death.

1) _____ Any needed organs or parts.

2) _____ Parts or organs listed

My _____ signature

Date:

Witness:

Witness:

Note: Your decision to donate organs and/or tissue can also be noted on the back of your driver's license. Simply follow the instructions

APPENDIX "F"

INSTRUCTIONS FOR A PRIEST'S FUNERAL

INFORMATION FOR CHURCH:

My Name: _____

I wish _____ to be responsible for making arrangements.

At my death, I wish _____ Funeral Home to be contacted.

I do () or do not () have a pre-arranged funeral agreement with this Funeral Home.

I wish to have the Vigil for the Deceased and the Funeral Mass at:

Vigil for the Deceased _____

Funeral Mass _____

I wish the following bishop/priest to conduct the Services:

Vigil for the Deceased _____ Mass _____

I wish the following bishop/priest to give the homily:

First Choice _____ Second Choice _____

I would prefer, that instead of sending flowers, my friends make memorial gifts to:

I make the following suggestions of material which I would like to have used in my service:

Scriptural Passages:

First Reading _____

Psalm _____

Second Reading _____

Gospel _____

Favorite Appropriate Poem or Article _____

Prayers

INSTRUCTIONS FOR A PRIEST'S FUNERAL Page 2

Music _____

Other _____

Prayer on back of picture card _____

Pallbearers _____

INSTRUCTIONS TO MORTUARY

(Mortuary Name)

(Street Address) (City) (State) (Zip Code)

My personal information needed by the mortuary.

(Residence Street Address) (City) (State) (Zip Code)

(Social Security Number)

(Father's Name) (Mother's Maiden Name)

(Date of Birth) (Place of Birth)

_____ Yes _____ No _____
(Citizenship) (Race) (Ever in the armed forces?)

(Seminary Attended) (Graduate Studies)

I prefer to be buried at:

____ Rose Hill Cemetery ____ Holy Cross Cemetery

____ Seaside Memorial ____ Other _____

Type of casket preferred: _____

KEY PERSONS TO NOTIFY:

(Doctor's Name) (Phone)

(Doctor's Name) (Phone)

(Executor of the Will) (Phone)

(Attorney's Name) (Phone)

(Location of Will)

CLOSEST LIVING RELATIVES:

1) _____
(Name) (Phone)

(Residence Street Address) (City) (State) (Zip Code)

(Relationship)

2) _____
(Name) (Phone)

(Residence Street Address) (City) (State) (Zip Code)

(Relationship)

3) _____
(Name) (Phone)

(Residence Street Address) (City) (State) (Zip Code)

(Relationship)

4) _____
(Name) (Phone)

(Residence Street Address) (City) (State) (Zip Code)

(Relationship)

INSTRUCTIONS FOR A PRIEST'S FUNERAL Page 4

5) _____
(Name) (Phone)

(Residence Street Address) (City) (State) (Zip Code)

(Relationship)

OTHER PERSONS TO NOTIFY:

1) _____
(Name) (Phone)

(Residence Street Address) (City) (State) (Zip Code)

(Relationship)

2) _____
(Name) (Phone)

(Residence Street Address) (City) (State) (Zip Code)

(Relationship)

3) _____
(Name) (Phone)

(Residence Street Address) (City) (State) (Zip Code)

(Relationship)

4) _____
(Name) (Phone)

(Residence Street Address) (City) (State) (Zip Code)

(Relationship)

5) _____
(Name) (Phone)

(Residence Street Address) (City) (State) (Zip Code)

(Relationship)

INSURANCE POLICIES

1) _____
(Name) (Phone)

(Street Address) (City) (State) (Zip Code)

(Policy Number) (Value or Type of Policy)

2) _____
(Name) (Phone)

(Street Address) (City) (State) (Zip Code)

(Policy Number) (Value or Type of Policy)

3) _____
(Name) (Phone)

(Residence Street Address) (City) (State) (Zip Code)

(Policy Number) (Value or Type of Policy)

VETERAN'S RECORDS:

(Branch of Service) (Rank)

(Date Entered) (Date Discharged)

(Military Identification Number) (VA Office to Notify)

(Location of Discharge Papers)

APPENDIX "G"

PRIEST'S PERSONAL EFFECTS

Please list those items which are your personal property. Be as specific as necessary so that your personal effects can be identified by those who would be responsible for your estate. It may be helpful to state the location of some items.

Vestments: _____

Sacred Vessels: _____

Books: (State the location of your personal books.) _____

Furnishings: _____

Art Work: _____

Electronic Devices (stereo, television, computer, etc.): _____

Sporting/Athletic Equipment: _____

Other: _____

Location of Important Documents: _____

Name: _____

Place and Date: _____