



## Introduction and Naming a Burial Executor

*specifically for **After-Death Care** and **Funeral Arrangements**  
upon my death, or my dependent's, or other for whom I am legally tied, who have not already specified.*

**Instructions:** Signed copies of this 2-sided document are to be distributed as detailed below, and are meant to help avoid confusion regarding your express wishes concerning **after-death care** and **funeral arrangements**. This document allows you to name an executor of your "final wishes" concerning **after-death care** and **funeral arrangements**. This person or entity, can, but does *not* need to be, the same as the executor of your Last Will and Testament, or of your Living Will/Advance Directives, or of your Medical Power of Attorney, or any other legal instrument, since these positions can all be different people. You can ask any person if they will accept any of these positions. However, do not list someone without their express permission since they are legal positions and the documents naming them are legal, as well.

This document carries the same weight as a Will or any other document of last wishes. It also informs any agency, (such as a hospital, nursing home, or hospice), which may have "custody" of your remains at the time of your death, that they do not have the right, nor your permission, to make any arrangements, including calling a funeral home on your behalf. Some facilities have arrangements with a local funeral home which they routinely call for services. This will help your estate avoid any unnecessary transportation charges in needing to transfer your remains to your chosen funeral home. Some funeral homes also routinely proceed with the "customary" practice of embalming without notification to proceed. So your must ensure that this document is held by all parties which might make such decisions.

It is important that a notarized copy of this document be included in your files at the care facility along with your Living Will, Medical Power of Attorney, Do Not Resuscitate (DNR) order and Organ Donor information.

The 'original' of this form should be held by the Executor named on this document. A notarized copy should be held by the secondary Executor named, and a notarized copy on file with your church or burial society. Other copies do not need to be notarized but should be distributed to spouse, children, parents and/or any others who might need to know this information. This will help avoid any confusion over whom you authorize to make decisions regarding your remains after death.

This document does *not* declare your detailed desires and arrangements. Those are addressed extensively in the "My Final Instructions" document that will also be held by your executor, family, friends and in your church file.

**Original of this document held by:** Executor (attached to *My Final Instructions* document)

**Notarized Copies of this document held by:** Secondary Executor, Church office (attached to *My Final Instructions* document)

**Copies to:** Spouse, Family, Friends, Personal documents file (attach to *My Final Instructions* document)



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## **Completing Burial and Funeral Care Instructions**

The following pages provide information for your designated Burial Executor to use in making arrangements for your funeral and burial or that of a loved one. Please complete carefully and fully. If you wish to provide more information than space will allow feel free to attach additional sheets.

These are meant to be followed by your named Burial Executor to the best of their ability and according to existing law.

The information provided here will inform him or her of:

- 1) How you would like your burial to be handled
- 2) Whom you would like to handle different aspects of the funeral and burial
- 3) Other information to assist those persons in carrying out your wishes.

You should sign these instructions in the presence of two witnesses. A notary public is optional, so space is provided if you need.

Also included are optional attachments which will aid others who may be helping to make arrangements and notifying friends and relatives:

- 1) A list of people to notify of your death
- 2) Information for your obituary

Another page gives information about the location of important papers such as Last Will and Testament, birth certificates, financial documents, insurance policies, military records etc. which will be useful to your family and the executor of your Will.

Since the location of important documents is more **confidential**; it should probably be attached to your signed instructions that are given **only** to your executor, and to family members or to other responsible person to aid in finding important papers after your death.



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**Pre-arranged Burial and Funeral Instructions for:**

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

The original copy of My Funeral Instructions can be found in the following location:

\_\_\_\_\_

\_\_\_\_\_

These people hold a copy of my Funeral Instructions:

Name	Phone

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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**Personal Data**

My Legal Name: \_\_\_\_\_

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

*As you want it to appear for public use such as a newspaper notice, funeral folder or icon, etc.*

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Birth Place: \_\_\_\_\_

*City, State/Province, Country*

Work Phone: \_\_\_\_\_ Occupation(s): \_\_\_\_\_

Marital Status:    Single    Married    Widowed    Divorced

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Executor: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Legal Guardian of Minor Children: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Con't.



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**Burial and Funeral Care Instructions**

I, *(full name)* \_\_\_\_\_

being of sound mind and under no restraint, hereby request that the following instructions and preferences be honored after my death:

I desire that my funeral preparation, funeral, and burial be conducted according to the rites and traditions and practices of the Holy Orthodox Church.

☐ I prefer a home and church funeral with minimum or no mortuary involvement unless unique medical or legal circumstances require it.

☐ I prefer some mortuary involvement as indicated:

*Mortuary name:* \_\_\_\_\_

*Details of involvement:*

Have arrangements been made with the mortuary?      YES      NO      Paid?      YES      NO

Embalming?      YES      NO

Burial Clothing: 1st & 2nd preference:

Include a preferred **photo** to aid preparation team in hair/make-up, etc.

Items to be removed or remain with the body (*i.e. ring, watch, cross, earrings, etc.*):

Preferred Cemetery or Burial Site (*Name*): \_\_\_\_\_

Location: \_\_\_\_\_

Cemetery Arrangements made:      YES      NO      Paid?      YES      NO

*The cemetery will likely have policies regarding vaults or graveliners, but it is not unusual to request casket in contact with the earth, which has always been a requirement for some religions. Burial equipment varies, but...*

I have checked my preferred cemetery requirements: *describe/ name if different equipment titles used.*

I desire a graveliner:      YES      NO

Open:      Bottom      Top      (*the cemetery may dictate based on flood plain, etc.*)

Material:      Plastic      Concrete

I desire a full concrete vault:      YES      NO

Preferred type of grave marker (*meeting cemetery requirements*) :

Preferred Inscription on Marker:



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Names of Desired Pallbearers: *(provide contact information on separate sheet):*

**Special Instructions:** *(organ donation, flowers, memorial donations, etc.)*

I direct that the person or organizations named below perform or coordinate the following services:

Notify relatives:      Church      Executors      Other: \_\_\_\_\_

Prepare body for burial (washing and clothing body if not embalmed):

Church      Mortuary      Family      Other: \_\_\_\_\_

Provide Casket:

Church      Mortuary      Family      Other: \_\_\_\_\_

Take care of administrative details (death certificate, etc.):

Church      Mortuary      Other: \_\_\_\_\_

Prepare and publish obituary:

Church      Mortuary      Family      Other: \_\_\_\_\_

Transport body to mortuary or church:

Church      Mortuary      Other: \_\_\_\_\_

Transport body to cemetery:      Church      Mortuary      Other: \_\_\_\_\_

Obtain and install grave marker:      Church      Family/Executors      Other: \_\_\_\_\_

Temporary child or senior care:

Church      Executors      Family      Other: \_\_\_\_\_

Interim care of pets:      Church      Executors      Family

Other: \_\_\_\_\_



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Temporary Housing arrangements for relatives: Church Executor Family

Other: \_\_\_\_\_

Cancelling subscriptions, memberships, etc.:

Executor Family Other: \_\_\_\_\_

(Optional) I have provided financial information and the location of important records to:

Church Executor Other: \_\_\_\_\_

I have attached a list of those to be notified of my death: YES NO

I have previously filed instructions for funeral arrangements: YES NO

If YES: They are located: \_\_\_\_\_

The previous instructions are hereby cancelled: YES NO

The previous instructions supplement this form: YES NO

Payment for funeral costs:

Has already been made to \_\_\_\_\_

Receipts and pertinent papers are located: \_\_\_\_\_

Should be paid from my estate

I desire and direct that any savings on funeral expenses due to Church or funeral society involvement be donated to \_\_\_\_\_

I hereby request and appoint \_\_\_\_\_ to carry out my instructions to the best of his/her ability. In his/her absence, I request \_\_\_\_\_ carry out my instructions.

I \_\_\_\_\_ sign my name to these instructions, this \_\_\_\_\_ day of the month of \_\_\_\_\_, in the year \_\_\_\_\_ in the presence of the undersigned witnesses:

My Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ SEAL

Witness: \_\_\_\_\_ SEAL

Witness: \_\_\_\_\_ SEAL

Subscribed and sworn to before me by \_\_\_\_\_ and \_\_\_\_\_

each of whom is known to me personally, this \_\_\_\_\_ day of the month of \_\_\_\_\_ in the year of \_\_\_\_\_.

My commission expires:

SEAL

\_\_\_\_\_  
NOTARY PUBLIC



**PEOPLE TO BE NOTIFIED OF MY DEATH** *accurate as of date:*

[illegible][illegible]





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**OBITUARY INFORMATION** (optional)

Date of Birth:

Place of Birth: City

State

Country

Resident of City

State

Country

Father's Name /Birthplace (living or deceased?)

Mother's Maiden Name/Birthplace (living or deceased?)

Spouses Name(s) (living or deceased?)

Children (living or deceased?)

Other Relatives (living or deceased?)

Occupation/Employer

Veteran: YES NO Branch of service

Serial No:

Veterans Affairs Claim Number: C-  
Rank

Name of war or dates served

Service Awards/Decorations

**EDUCATION, ETC.**

High School Diploma/GED Year

**College or University**

Degrees Earned

**College or University**

Degrees Earned

**College or University**

Club/ Fraternal Civic Organization

Offices Held

Degrees Famed

Club/ Fraternal Civic Organizations: & Offices Held

Hobbies

Awards

Additional Information

Ss. Nicodemus & Joseph  
Orthodox Christian Burial Society  
*of Northern Colorado*

