



Unitarian Universalists of Southern Delaware

A Welcoming and Progressive Spiritual Community

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Thoughtful Endings: Planning Document in the Event of My Death

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." (It's also okay to partially fill this out -- some is better than none!)

The form is confidential and should be returned to the Minister. We encourage you to also make copies and share this with your family and others with whom you are close.

PLEASE PRINT OR TYPE

Today's Date:

Member: _____

Home Phone () _____ Cell Phone () _____

E-mail _____

Primary Contact: _____

Relationship: _____ City/State: _____

Home Phone () _____ Cell Phone () _____

E-mail _____

Secondary Contact :

Relationship: _____ City/State: _____

Home Phone () _____ Cell Phone () _____

E-mail _____

I. End of Life Planning & Wishes

I have completed the following:

__ Medical Durable Power of Attorney

Decision maker/agents: _____

**These individuals, chosen to speak for you, should have copies of all health care documents. This document allows space for instructions for your agent. THIS is the most important document.*

__ Advance Directive for Surgical/Medical Treatment (Living Will)

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

__ Cardiopulmonary Resuscitation Directive (CPR)

**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*

__ Will

My personal papers (will, etc.) are located in

*** It is recommended that you inform family about the name of your attorney, location of your Will and Power of Attorney/Personal Representative. 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 and for your accounts.***

Other documents you may wish to consider:

__ Five Wishes (available from the ministers or online)

__ Legacy Letter/Ethical Will *(You might find great satisfaction in creating a document that embodies your life values; something that can be passed on to future generations.)*

II. Obituary Preparation

Person in Charge: _____

Home Phone () _____ Cell Phone () _____

E-mail _____

Relatives, friends, organizations, or Out of town papers to be notified:

Memorial Donations should be directed to the following:

**You may wish to write your own obituary so that it reflects what you would like to 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.*

(see Part V for further prompts)

III. Disposition of Body

__ Traditional Burial

Preferred funeral director Name & Contact Info: _____

Preferences for casket & cost range for services _____

Graveside Service: Yes ___ No ___

Burial Cemetery (name, town, state) _____

Designated Burial Site: _____

Deed to this lot is located _____ Lot registered in name _____

Grave marker to read _____

__ Cremation

Cremation Funeral Home or Cremation Society _____

Cremation ___ Prior to service ___ After service

Designated Recipient of Cremains: _____

Relationship: _____ Phone: () _____

Ashes are to be scattered or kept at _____ *(If cemetery, fill in items above.)*

__ Medical Donation

__I wish to donate (part of) my body to science. Specify parts of body and/or organization to receive remains: _____

A copy of the instrument of donation is located at _____

IV. Memorial Service

Location: __ UUSD __ Funeral home __ Other: _____

To be conducted by: __ Minister of UUSD __ Other: _____

** For your financial planning purposes, there is no fee for ministers to conduct a memorial service for members of UUSD. The standard fee (in 2022) to hire our accompanist is \$250, with an additional \$75-100 if the choir or other more complex elements are involved.*

Participating Organizations:

Military _____ Fraternal _____ Other _____

Service content:

General style or theology of service (e.g. theistic, humanistic, Jewish, Christian)

Suggested readings:

Suggested speakers for testimonials:

Suggested music & hymns:

Suggested Ushers (or Pallbearers, if relevant):

Following the service, I prefer a reception with refreshments and food to be served:

__ At UUSD __ At my home __ Other: _____

**Most of our members choose not to hold visiting hours or viewing of the casket, however, that is an option. If you wish to have either, please note that here:*

V. Information for Obituary & Eulogy

Full Name _____

Nicknames or family names _____

Date & place of birth _____

Please attach a biographical sketch of yourself including major events and significant people in your life, career or occupation, major interests and hobbies, and general concerns. Here are some prompts to consider sharing (attach additional sheets, notes, as necessary)

1. Name/s of Spouse or Partner (even if divorced or deceased):

Date of Marriage/s (and divorce/death if applicable):

Key characteristics or memories of your relationship/s

2. Children: Names & birthdates

Key characteristics or memories of your relationship

3. Parents' Names:

Living or Deceased? _____

Key characteristics or memories of your relationship

3. Other Family & Friends:

Full names siblings & other important people and whether they are living or deceased and where they live/d; key characteristics or memories of your relationship

4. Family stories: key anecdotes or dates

5. Relationship to UUSD: When did you get involved at UUSD? _____

What have you been involved in? Key memories or contributions?

6. Spirituality: How do you describe your spirituality, theology, beliefs, and deepest values?

7. Proudest Accomplishments, Awards, Publications, Achievements

8. Education: Degrees (title, school, date), interests

8. Career - What jobs have you held? (include approximate dates if possible)

Please include current job, and military branch, unit number, and serial number if applicable

9. Service: Organizations or club membership (non-profits, sororities, civic clubs, etc.)

10. Hobbies & other pursuits

VI. These are my wishes and directives.

_____ / _____

Member Signature / Date

_____ / _____

(unrelated) Witness Signature / Date

Remember, you can update and revise this at any time!

*Please return this to the Minister,
and let me know if you have questions or would like to talk about it further.*

Received by Minister:

Signature / Date

_____ / _____

Let me know of any comments, errors, and corrections – thanks!

Revised May 2022 by Rev. Heather Rion Starr

(best contact:) RevHeatherRionStarr@gmail.com, (if urgent) cell: 541-390-6052