

**A Celebration of  
Life and Resurrection  
For My Family and Friends**

This booklet belongs to

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Dated \_\_\_\_\_

This booklet is intended for those desiring to have their funeral/memorial service at Trinity Ecumenical Parish and/or who wish to have their interment in the Memorial Garden.

**This is not a legal document.**

You are simply making your wishes known to your family and others who might be responsible for your funeral.

Filling out this booklet is a gift to your loved ones.

Trinity would, at the very least, like to have a copy of your funeral plans.

Trinity Ecumenical Parish

40 Lakemount Drive

Moneta, Virginia 24121

540-721-4330

Printed March 2017

Dear Friends,

In Romans 34: 7-14 the Apostle Paul wrote to the church in Rome,

***“We do not live to ourselves, and we do not die to ourselves. If we live, we live in the Lord, and if we die, we die in the Lord. So then, whether we live or whether we die, we are the Lord’s. For to this end Christ died and lived again, so that he might be Lord of both and dead and the living.”***

In that spirit this booklet is an opportunity for each of us to express our Christian faith in death as we have in life; “in life and in death, we belong to God”

### **Purpose and Objective**

Planning your funeral is one of the most thoughtful gifts you can provide for your family. Grief is a confusing and difficult time and planning a funeral in the midst of these emotions can be overwhelming. Your decision to complete this guide lifts some of the burden from your family. By completing the following pages, they will have a document that clearly expresses your wishes and acts as a guide for them.

The terms *funeral* and *memorial* are used interchangeably through this booklet. Technically, a funeral is a service with the body present; a memorial is a service without the presence of the body.

Share this guide with a family member and/or the person you select to be responsible for carrying out the wishes and desires you have outlined. Keep this in a safe place, but not in a safety deposit box where your family has no access. Update the information periodically. A copy of this document may be left at Trinity Ecumenical Parish, and the following persons have permission to view the contents of this guide:

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Disposition of My Body

I wish to donate my body(or parts of my body)\_\_\_\_\_ I do not wish this\_\_\_\_\_  
(specifically)\_\_\_\_\_

I have made the following prearrangements (paid) for the burial of my body  
Funeral Home \_\_\_\_\_  
Address \_\_\_\_\_

I have not made prearrangements, but desire the following  
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Address \_\_\_\_\_

If not cremated, I do\_\_\_ do not\_\_\_ desire an open casket viewing of my body.

I have made arrangements\_\_ I have not made arrangements\_\_ for a burial plot.

Interment will be at \_\_\_\_\_  
\_\_\_\_\_

Possible pall bearers are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR** I wish to have my body cremated

Funeral Home or other facility \_\_\_\_\_  
Address \_\_\_\_\_

I have already paid\_\_\_ I have not already paid\_\_\_ for my cremation

I have made arrangements to be inurned in Trinity's Memorial Garden. \_\_\_\_\_

I have not made arrangements to inurned at Trinity and wish to have my ashes placed \_\_\_\_\_

Gravestone/memorial plaque I prefer \_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## A Sample Memorial Service Worship Format

(a list of possible Scriptures follows)

**PRELUDE**

**WELCOME**

**PRAYER**

**HYMN**

**OLD TESTAMENT LESSON**

**NEW TESTAMENT LESSON**

**MEDITATION**

**MUSIC: (Resurrection Choir)**

**PRAYERS**

**BLESSING**

**SENDING**

**HYMN**

**POSTLUDE**

The family may choose to greet friends after the service in the fellowship hall.

The parish provides cookies, punch, and coffee for all celebrations of life. If the family desires to serve lunch, you are welcomed to have the time of fellowship catered. Caterers should be familiar with the church's building use policy and agree to work within the confines of said policy.

I would like to have the following cater my funeral/memorial. \_\_\_\_\_

I have made prearrangements with the caterer. Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not to be inurned in our memorial garden, the Committal Service is to be conducted at \_\_\_\_\_ am/pm at \_\_\_\_\_ cemetery.

**IMPORTANT DOCUMENTS** (*consult your attorney*)

1-I have a will\_\_\_\_\_

I do not have a will\_\_\_\_\_

My will can be found \_\_\_\_\_

2-I have a lawyer\_\_\_\_\_

I do not have a lawyer\_\_\_\_\_

My lawyer's name and address is: \_\_\_\_\_

3- I have a financial advisor\_\_\_\_\_

I do not have a financial advisor\_\_\_\_\_

My advisor's name and address is \_\_\_\_\_

4- My primary care physician is \_\_\_\_\_

5- I have insurance policies\_\_\_\_\_

I do not have insurance policies\_\_\_\_\_

My policies can be found \_\_\_\_\_

6- My credit cards are \_\_\_\_\_

7- You will find my birth certificate, passport and other important papers:

8- I have a Durable Power of Attorney (DPA)\_\_\_\_\_ I do not have a DPA\_\_\_\_\_

My DPA can be found \_\_\_\_\_

**Durable Power of Attorney** for Finances – or financial power of attorney – is a simple, inexpensive, and reliable way to arrange for someone to manage your finances. If you become incapacitated (unable to make decisions for yourself)

**9- I have a Living Will/Healthcare Power of Attorney (HPA)\_\_\_\_\_**

**I do not have a Living Will or HPA\_\_\_\_\_**

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Living Will – you tell your doctor that you do not want to receive certain treatments.

Healthcare Power of Attorney – you name an agent who will tell the doctor what treatment should or should not be provided

**10- At this time, my debts include:**

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**11- Multiple copies of the Certificate of Death can be obtained from the funeral home or cremation site. (You will need at least 10 copies.)**

Health Directive for Dementia

[www.dementia-directive.org](http://www.dementia-directive.org)

## **What If I Had Dementia?**

Planning for the future

Alzheimer's disease is one of the most common problems people face in their 70s and 80s. One of the most important things you can do is tell people who would be taking care of you what you would want for medical care if you were to develop worsening dementia.

### **What is dementia?**

Over 5-20 years, people with Alzheimer's (and other forms of dementia) lose their memory and completely lose the ability to understand what's going on around them. Eventually people with dementia no longer recognize people they know, and eventually need help from others cleaning themselves up after they go to the bathroom.

Some people with dementia become extremely irritable and aggressive, striking out at people they love. Caring for them can become very difficult.

There is no known cure for dementia. Gradually people lose the ability to speak, eat, and walk. Eventually people die from dementia, often from dementia-related pneumonia. This process takes anywhere from 5 years to 20 years. The average time it takes dementia to progress to a severe form (of not being able to dress or feed oneself) is about 8 years.

One of the most important questions to consider is:

## **What kind of medical care would you want if you were to develop worsening dementia?**

### **Why it's important to express your wishes**

People with advancing dementia lose the ability to make decisions for themselves. Their families need to make medical decisions for them.

Giving family members guidance about what kind of care you'd want if you were to develop worsening dementia can ease the burden of their decision making and make you feel more secure that you'll receive the care that you would want.

Your guidance today will help the people taking care of you in the future.

### **What kinds of guidance can you give?**

As dementia gets worse, many medical tests and procedures become harder for people to go through, with more risk of side effects and bad reactions. As people lose the ability to understand what is happening they can become fearful and agitated by unfamiliar surroundings.

As their mind fades away, many people feel that life loses much of its meaning, especially when they're no longer able to understand what is happening around them. At points along the way, many people might not want medical care which would keep them alive longer. Instead they might want only medical care that would help keep them comfortable.

On the following pages are descriptions of the stages of dementia. By filling out this form you can give guidance to your loved ones. Read the description of each stage, then mark the box that reflects what goals of medical care you would want for yourself if you were at that stage of dementia.

### **Stage 1 — Mild dementia**

People lose the ability to remember recent events in their lives.

Routine tasks become difficult (such as cooking.) Some tasks can become more dangerous (such as driving.)

If you were to be at this stage of dementia what level of medical care would you want for yourself?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

**If I had mild dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
- To only receive care in the place where I am living. I would not want to go to the hospital even if I were very ill. If a treatment, such as antibiotics, might keep me alive longer and could be given in the place where I was living, then I would want such care. But if I continued to get worse, I would not want to go to an emergency room or a hospital. Instead, I would want to be allowed to die peacefully. Reason why: I would not want the possible risks and trauma which can come from being in the hospital.
- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

## **Stage 2 — Moderate dementia**

People lose the ability to have conversations, and communication becomes very limited. People lose the ability to understand what is going on around them.

People require daily full-time assistance with dressing and sometimes toileting.

If you were at this stage of dementia what level of medical care would you want?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

### **If I had moderate dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
- To only receive care in the place where I am living. I would not want to go to the hospital even if I were very ill. If a treatment, such as antibiotics, might keep me alive longer and could be given in the place where I was living, then I would want such care. But if I



continued to get worse, I would not want to go to an emergency room or a hospital. Instead, I would want to be allowed to die peacefully. Reason why: I would not want the possible risks and trauma which can come from being in the hospital.

- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

### **Stage 3 — Severe dementia**

People are no longer able to recognize loved ones and family members. People may be awake through the night, disruptive, and yelling.

Many become angry and agitated and sometimes even violent.

People need round-the-clock help with all daily activities, including bathing and wiping off their genitals, generally needing to wear an adult diaper at all times.

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### **If I had severe dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
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- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_





## Possible Scripture Readings

Others may be chosen

### AT THE PROCESSION

Psalm 23 *The Lord is my shepherd*  
Psalm 90 *You have been our dwelling place in all generations*  
Psalm 118 *God's steadfast love endures forever*  
Isaiah 41:10 *Do not be afraid, for I am with you*  
Revelation 1:17-18 *Do not be afraid, I am the first and the last*  
Revelation 14:13 *Blessed are the dead who die in the Lord*  
Matthew 11:28-29 *Come to me, all you who are weary*  
John 11:25-26 *I am the resurrection and the life*  
John 14:27 *Peace I leave with you*

### OLD TESTAMENT

Job 19:23-27a *I know that my Redeemer lives*  
Ecclesiastes 3:1-15 *For everything there is a season*  
Isaiah 25:6-9 *God will swallow up death forever*  
Isaiah 40:1-11, 28-31 *Comfort, O comfort my people*  
Isaiah 43:1-3a, 18-19, 25 *I am about to do a new thing*  
Isaiah 55:1-3, 6-13 *Everyone who thirsts, come to the waters*  
Isaiah 61:1-3 *The spirit of the Lord God is upon me*  
Jeremiah 31:8-13 *I will turn their mourning into joy*  
Lamentations 3:22-26, 31-33 *The steadfast love of the Lord never ceases*

### PSALM

Psalm 42:1-7 *As a deer longs for flowing streams*  
Psalm 46:1-7 *God is our refuge and strength*  
Psalm 121 *I lift up my eyes to the hills*  
Psalm 143 *Hear my prayer, O Lord; give ear to my supplications*

### NEW TESTAMENT

Romans 5:1-11 *Peace with God through our Lord Jesus Christ*  
Romans 8:31-35, 37-39 *Who will separate us from the love of Christ*  
1 Corinthians 15:12-26 *Christ, the first fruits, has been raised from the dead*  
2 Corinthians 4:7-18 *We have this treasure in clay jars*  
Hebrews 12:1-2 *We are surrounded by so great a cloud of witnesses*  
1 Peter 1:3-9 *A living hope through the resurrection of Jesus Christ from the dead*  
Revelation 7:9-17 *God will wipe away every tear*  
Revelation 21:2-7 *I saw the holy city, the new Jerusalem*  
Revelation 22:1-5 *The Lord God will be their light*

### GOSPEL

Matthew 5:1-10 *Blessed are those who mourn*  
Matthew 11:25-30 *Come to me, all you who are weary*  
Mark 16:1-7 *The resurrection of Christ*  
Luke 24:1-9, 36-43 *The resurrection of Christ*  
John 1:1-5, 9-14 *The light shines in the darkness*  
John 6:37-40 *I will raise them up on the last day*  
John 10:11-16 *I am the good shepherd*  
John 11:21-27 *I am the resurrection and the life*  
John 14:1-6 *In my Father's house are many rooms*  
John 14:25-27 *Peace I leave with you; my peace I give to you*

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I have made the following prearrangements (paid) for the burial of my body  
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Possible pall bearers are: \_\_\_\_\_

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(a list of possible Scriptures follows)

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**PRAYER**

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**OLD TESTAMENT LESSON**

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**IMPORTANT DOCUMENTS** (*consult your attorney*)

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I do not have a will\_\_\_\_\_

My will can be found \_\_\_\_\_

2-I have a lawyer\_\_\_\_\_

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My lawyer's name and address is: \_\_\_\_\_

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### **Stage 1 — Mild dementia**

People lose the ability to remember recent events in their lives.

Routine tasks become difficult (such as cooking.) Some tasks can become more dangerous (such as driving.)

If you were to be at this stage of dementia what level of medical care would you want for yourself?

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- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_





## Possible Scripture Readings

Others may be chosen

### AT THE PROCESSION

Psalm 23 *The Lord is my shepherd*  
Psalm 90 *You have been our dwelling place in all generations*  
Psalm 118 *God's steadfast love endures forever*  
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Revelation 1:17-18 *Do not be afraid, I am the first and the last*  
Revelation 14:13 *Blessed are the dead who die in the Lord*  
Matthew 11:28-29 *Come to me, all you who are weary*  
John 11:25-26 *I am the resurrection and the life*  
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Isaiah 43:1-3a, 18-19, 25 *I am about to do a new thing*  
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**This is not a legal document.**

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Trinity Ecumenical Parish

40 Lakemount Drive

Moneta, Virginia 24121

540-721-4330

Printed March 2017

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***“We do not live to ourselves, and we do not die to ourselves. If we live, we live in the Lord, and if we die, we die in the Lord. So then, whether we live or whether we die, we are the Lord’s. For to this end Christ died and lived again, so that he might be Lord of both and dead and the living.”***

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Interment will be at \_\_\_\_\_  
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Possible pall bearers are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Address \_\_\_\_\_

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(a list of possible Scriptures follows)

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**MEDITATION**

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The family may choose to greet friends after the service in the fellowship hall.

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I do not have a will\_\_\_\_\_

My will can be found \_\_\_\_\_

2-I have a lawyer\_\_\_\_\_

I do not have a lawyer\_\_\_\_\_

My lawyer's name and address is: \_\_\_\_\_

3- I have a financial advisor\_\_\_\_\_

I do not have a financial advisor\_\_\_\_\_

My advisor's name and address is \_\_\_\_\_

4- My primary care physician is \_\_\_\_\_

5- I have insurance policies\_\_\_\_\_

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**Durable Power of Attorney** for Finances – or financial power of attorney – is a simple, inexpensive, and reliable way to arrange for someone to manage your finances. If you become incapacitated (unable to make decisions for yourself)

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## **What If I Had Dementia?**

Planning for the future

Alzheimer's disease is one of the most common problems people face in their 70s and 80s. One of the most important things you can do is tell people who would be taking care of you what you would want for medical care if you were to develop worsening dementia.

### **What is dementia?**

Over 5-20 years, people with Alzheimer's (and other forms of dementia) lose their memory and completely lose the ability to understand what's going on around them. Eventually people with dementia no longer recognize people they know, and eventually need help from others cleaning themselves up after they go to the bathroom.

Some people with dementia become extremely irritable and aggressive, striking out at people they love. Caring for them can become very difficult.

There is no known cure for dementia. Gradually people lose the ability to speak, eat, and walk. Eventually people die from dementia, often from dementia-related pneumonia. This process takes anywhere from 5 years to 20 years. The average time it takes dementia to progress to a severe form (of not being able to dress or feed oneself) is about 8 years.

One of the most important questions to consider is:

## **What kind of medical care would you want if you were to develop worsening dementia?**

### **Why it's important to express your wishes**

People with advancing dementia lose the ability to make decisions for themselves. Their families need to make medical decisions for them.

Giving family members guidance about what kind of care you'd want if you were to develop worsening dementia can ease the burden of their decision making and make you feel more secure that you'll receive the care that you would want.

Your guidance today will help the people taking care of you in the future.

### **What kinds of guidance can you give?**

As dementia gets worse, many medical tests and procedures become harder for people to go through, with more risk of side effects and bad reactions. As people lose the ability to understand what is happening they can become fearful and agitated by unfamiliar surroundings.

As their mind fades away, many people feel that life loses much of its meaning, especially when they're no longer able to understand what is happening around them. At points along the way, many people might not want medical care which would keep them alive longer. Instead they might want only medical care that would help keep them comfortable.

On the following pages are descriptions of the stages of dementia. By filling out this form you can give guidance to your loved ones. Read the description of each stage, then mark the box that reflects what goals of medical care you would want for yourself if you were at that stage of dementia.

### **Stage 1 — Mild dementia**

People lose the ability to remember recent events in their lives.

Routine tasks become difficult (such as cooking.) Some tasks can become more dangerous (such as driving.)

If you were to be at this stage of dementia what level of medical care would you want for yourself?

---

Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

**If I had mild dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
- To only receive care in the place where I am living. I would not want to go to the hospital even if I were very ill. If a treatment, such as antibiotics, might keep me alive longer and could be given in the place where I was living, then I would want such care. But if I continued to get worse, I would not want to go to an emergency room or a hospital. Instead, I would want to be allowed to die peacefully. Reason why: I would not want the possible risks and trauma which can come from being in the hospital.
- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

## **Stage 2 — Moderate dementia**

People lose the ability to have conversations, and communication becomes very limited. People lose the ability to understand what is going on around them.

People require daily full-time assistance with dressing and sometimes toileting.

If you were at this stage of dementia what level of medical care would you want?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

### **If I had moderate dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
- To only receive care in the place where I am living. I would not want to go to the hospital even if I were very ill. If a treatment, such as antibiotics, might keep me alive longer and could be given in the place where I was living, then I would want such care. But if I



continued to get worse, I would not want to go to an emergency room or a hospital. Instead, I would want to be allowed to die peacefully. Reason why: I would not want the possible risks and trauma which can come from being in the hospital.

- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

### **Stage 3 — Severe dementia**

People are no longer able to recognize loved ones and family members. People may be awake through the night, disruptive, and yelling.

Many become angry and agitated and sometimes even violent.

People need round-the-clock help with all daily activities, including bathing and wiping off their genitals, generally needing to wear an adult diaper at all times.

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### **If I had severe dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_





## **Possible Scripture Readings**

Others may be chosen

### **AT THE PROCESSION**

Psalm 23 *The Lord is my shepherd*  
Psalm 90 *You have been our dwelling place in all generations*  
Psalm 118 *God's steadfast love endures forever*  
Isaiah 41:10 *Do not be afraid, for I am with you*  
Revelation 1:17-18 *Do not be afraid, I am the first and the last*  
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## **Stage 2 — Moderate dementia**

People lose the ability to have conversations, and communication becomes very limited. People lose the ability to understand what is going on around them.

People require daily full-time assistance with dressing and sometimes toileting.

If you were at this stage of dementia what level of medical care would you want?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

### **If I had moderate dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
- To only receive care in the place where I am living. I would not want to go to the hospital even if I were very ill. If a treatment, such as antibiotics, might keep me alive longer and could be given in the place where I was living, then I would want such care. But if I

continued to get worse, I would not want to go to an emergency room or a hospital. Instead, I would want to be allowed to die peacefully. Reason why: I would not want the possible risks and trauma which can come from being in the hospital.

- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

### **Stage 3 — Severe dementia**

People are no longer able to recognize loved ones and family members. People may be awake through the night, disruptive, and yelling.

Many become angry and agitated and sometimes even violent.

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_





## **Possible Scripture Readings**

Others may be chosen

### **AT THE PROCESSION**

Psalm 23 *The Lord is my shepherd*  
Psalm 90 *You have been our dwelling place in all generations*  
Psalm 118 *God's steadfast love endures forever*  
Isaiah 41:10 *Do not be afraid, for I am with you*  
Revelation 1:17-18 *Do not be afraid, I am the first and the last*  
Revelation 14:13 *Blessed are the dead who die in the Lord*  
Matthew 11:28-29 *Come to me, all you who are weary*  
John 11:25-26 *I am the resurrection and the life*  
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Isaiah 43:1-3a, 18-19, 25 *I am about to do a new thing*  
Isaiah 55:1-3, 6-13 *Everyone who thirsts, come to the waters*  
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### **PSALM**

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Dated \_\_\_\_\_

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**This is not a legal document.**

You are simply making your wishes known to your family and others who might be responsible for your funeral.

Filling out this booklet is a gift to your loved ones.

Trinity would, at the very least, like to have a copy of your funeral plans.

Trinity Ecumenical Parish

40 Lakemount Drive

Moneta, Virginia 24121

540-721-4330

Printed March 2017

Dear Friends,

In Romans 34: 7-14 the Apostle Paul wrote to the church in Rome,

***“We do not live to ourselves, and we do not die to ourselves. If we live, we live in the Lord, and if we die, we die in the Lord. So then, whether we live or whether we die, we are the Lord’s. For to this end Christ died and lived again, so that he might be Lord of both and dead and the living.”***

In that spirit this booklet is an opportunity for each of us to express our Christian faith in death as we have in life; “in life and in death, we belong to God”

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Planning your funeral is one of the most thoughtful gifts you can provide for your family. Grief is a confusing and difficult time and planning a funeral in the midst of these emotions can be overwhelming. Your decision to complete this guide lifts some of the burden from your family. By completing the following pages, they will have a document that clearly expresses your wishes and acts as a guide for them.

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Disposition of My Body

I wish to donate my body(or parts of my body)\_\_\_\_\_ I do not wish this\_\_\_\_\_  
(specifically)\_\_\_\_\_

I have made the following prearrangements (paid) for the burial of my body  
Funeral Home \_\_\_\_\_  
Address \_\_\_\_\_

I have not made prearrangements, but desire the following  
Funeral Home \_\_\_\_\_  
Address \_\_\_\_\_

If not cremated, I do\_\_\_ do not\_\_\_ desire an open casket viewing of my body.

I have made arrangements\_\_ I have not made arrangements\_\_ for a burial plot.

Interment will be at \_\_\_\_\_  
\_\_\_\_\_

Possible pall bearers are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR** I wish to have my body cremated

Funeral Home or other facility \_\_\_\_\_  
Address \_\_\_\_\_

I have already paid\_\_\_ I have not already paid\_\_\_ for my cremation

I have made arrangements to be inurned in Trinity's Memorial Garden. \_\_\_\_\_

I have not made arrangements to inurned at Trinity and wish to have my ashes placed \_\_\_\_\_

Gravestone/memorial plaque I prefer \_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
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## A Sample Memorial Service Worship Format

(a list of possible Scriptures follows)

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**MEDITATION**

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**POSTLUDE**

The family may choose to greet friends after the service in the fellowship hall.

The parish provides cookies, punch, and coffee for all celebrations of life. If the family desires to serve lunch, you are welcomed to have the time of fellowship catered. Caterers should be familiar with the church's building use policy and agree to work within the confines of said policy.

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I have made prearrangements with the caterer. Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not to be inurned in our memorial garden, the Committal Service is to be conducted at \_\_\_\_\_ am/pm at \_\_\_\_\_ cemetery.

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1-I have a will\_\_\_\_\_

I do not have a will\_\_\_\_\_

My will can be found \_\_\_\_\_

2-I have a lawyer\_\_\_\_\_

I do not have a lawyer\_\_\_\_\_

My lawyer's name and address is: \_\_\_\_\_

3- I have a financial advisor\_\_\_\_\_

I do not have a financial advisor\_\_\_\_\_

My advisor's name and address is \_\_\_\_\_

4- My primary care physician is \_\_\_\_\_

5- I have insurance policies\_\_\_\_\_

I do not have insurance policies\_\_\_\_\_

My policies can be found \_\_\_\_\_

6- My credit cards are \_\_\_\_\_

7- You will find my birth certificate, passport and other important papers:

8- I have a Durable Power of Attorney (DPA)\_\_\_\_\_ I do not have a DPA\_\_\_\_\_

My DPA can be found \_\_\_\_\_

**Durable Power of Attorney** for Finances – or financial power of attorney – is a simple, inexpensive, and reliable way to arrange for someone to manage your finances. If you become incapacitated (unable to make decisions for yourself)

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**I do not have a Living Will or HPA\_\_\_\_\_**

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Living Will – you tell your doctor that you do not want to receive certain treatments.

Healthcare Power of Attorney – you name an agent who will tell the doctor what treatment should or should not be provided

**10- At this time, my debts include:**

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**11- Multiple copies of the Certificate of Death can be obtained from the funeral home or cremation site. (You will need at least 10 copies.)**

Health Directive for Dementia

[www.dementia-directive.org](http://www.dementia-directive.org)

## **What If I Had Dementia?**

Planning for the future

Alzheimer's disease is one of the most common problems people face in their 70s and 80s. One of the most important things you can do is tell people who would be taking care of you what you would want for medical care if you were to develop worsening dementia.

### **What is dementia?**

Over 5-20 years, people with Alzheimer's (and other forms of dementia) lose their memory and completely lose the ability to understand what's going on around them. Eventually people with dementia no longer recognize people they know, and eventually need help from others cleaning themselves up after they go to the bathroom.

Some people with dementia become extremely irritable and aggressive, striking out at people they love. Caring for them can become very difficult.

There is no known cure for dementia. Gradually people lose the ability to speak, eat, and walk. Eventually people die from dementia, often from dementia-related pneumonia. This process takes anywhere from 5 years to 20 years. The average time it takes dementia to progress to a severe form (of not being able to dress or feed oneself) is about 8 years.

One of the most important questions to consider is:

## **What kind of medical care would you want if you were to develop worsening dementia?**

### **Why it's important to express your wishes**

People with advancing dementia lose the ability to make decisions for themselves. Their families need to make medical decisions for them.

Giving family members guidance about what kind of care you'd want if you were to develop worsening dementia can ease the burden of their decision making and make you feel more secure that you'll receive the care that you would want.

Your guidance today will help the people taking care of you in the future.

### **What kinds of guidance can you give?**

As dementia gets worse, many medical tests and procedures become harder for people to go through, with more risk of side effects and bad reactions. As people lose the ability to understand what is happening they can become fearful and agitated by unfamiliar surroundings.

As their mind fades away, many people feel that life loses much of its meaning, especially when they're no longer able to understand what is happening around them. At points along the way, many people might not want medical care which would keep them alive longer. Instead they might want only medical care that would help keep them comfortable.

On the following pages are descriptions of the stages of dementia. By filling out this form you can give guidance to your loved ones. Read the description of each stage, then mark the box that reflects what goals of medical care you would want for yourself if you were at that stage of dementia.

### **Stage 1 — Mild dementia**

People lose the ability to remember recent events in their lives.

Routine tasks become difficult (such as cooking.) Some tasks can become more dangerous (such as driving.)

If you were to be at this stage of dementia what level of medical care would you want for yourself?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

**If I had mild dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
- To only receive care in the place where I am living. I would not want to go to the hospital even if I were very ill. If a treatment, such as antibiotics, might keep me alive longer and could be given in the place where I was living, then I would want such care. But if I continued to get worse, I would not want to go to an emergency room or a hospital. Instead, I would want to be allowed to die peacefully. Reason why: I would not want the possible risks and trauma which can come from being in the hospital.
- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

## **Stage 2 — Moderate dementia**

People lose the ability to have conversations, and communication becomes very limited. People lose the ability to understand what is going on around them.

People require daily full-time assistance with dressing and sometimes toileting.

If you were at this stage of dementia what level of medical care would you want?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

### **If I had moderate dementia I would want the goal for my care to be:**

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(a list of possible Scriptures follows)

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I do not have a will\_\_\_\_\_

My will can be found \_\_\_\_\_

2-I have a lawyer\_\_\_\_\_

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There is no known cure for dementia. Gradually people lose the ability to speak, eat, and walk. Eventually people die from dementia, often from dementia-related pneumonia. This process takes anywhere from 5 years to 20 years. The average time it takes dementia to progress to a severe form (of not being able to dress or feed oneself) is about 8 years.

One of the most important questions to consider is:

## **What kind of medical care would you want if you were to develop worsening dementia?**

### **Why it's important to express your wishes**

People with advancing dementia lose the ability to make decisions for themselves. Their families need to make medical decisions for them.

Giving family members guidance about what kind of care you'd want if you were to develop worsening dementia can ease the burden of their decision making and make you feel more secure that you'll receive the care that you would want.

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### **What kinds of guidance can you give?**

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As their mind fades away, many people feel that life loses much of its meaning, especially when they're no longer able to understand what is happening around them. At points along the way, many people might not want medical care which would keep them alive longer. Instead they might want only medical care that would help keep them comfortable.

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### **Stage 1 — Mild dementia**

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Routine tasks become difficult (such as cooking.) Some tasks can become more dangerous (such as driving.)

If you were to be at this stage of dementia what level of medical care would you want for yourself?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

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- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
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- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

## **Stage 2 — Moderate dementia**

People lose the ability to have conversations, and communication becomes very limited. People lose the ability to understand what is going on around them.

People require daily full-time assistance with dressing and sometimes toileting.

If you were at this stage of dementia what level of medical care would you want?

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People are no longer able to recognize loved ones and family members. People may be awake through the night, disruptive, and yelling.

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_





## **Possible Scripture Readings**

Others may be chosen

### **AT THE PROCESSION**

Psalm 23 *The Lord is my shepherd*  
Psalm 90 *You have been our dwelling place in all generations*  
Psalm 118 *God's steadfast love endures forever*  
Isaiah 41:10 *Do not be afraid, for I am with you*  
Revelation 1:17-18 *Do not be afraid, I am the first and the last*  
Revelation 14:13 *Blessed are the dead who die in the Lord*  
Matthew 11:28-29 *Come to me, all you who are weary*  
John 11:25-26 *I am the resurrection and the life*  
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**A Celebration of  
Life and Resurrection  
For My Family and Friends**

This booklet belongs to

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Dated \_\_\_\_\_

This booklet is intended for those desiring to have their funeral/memorial service at Trinity Ecumenical Parish and/or who wish to have their interment in the Memorial Garden.

**This is not a legal document.**

You are simply making your wishes known to your family and others who might be responsible for your funeral.

Filling out this booklet is a gift to your loved ones.

Trinity would, at the very least, like to have a copy of your funeral plans.

Trinity Ecumenical Parish

40 Lakemount Drive

Moneta, Virginia 24121

540-721-4330

Printed March 2017

Dear Friends,

In Romans 8: 7-14 the Apostle Paul wrote to the church in Rome,

***“We do not live to ourselves, and we do not die to ourselves. If we live, we live in the Lord, and if we die, we die in the Lord. So then, whether we live or whether we die, we are the Lord’s. For to this end Christ died and lived again, so that he might be Lord of both and dead and the living.”***

In that spirit this booklet is an opportunity for each of us to express our Christian faith in death as we have in life; “in life and in death, we belong to God”

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Planning your funeral is one of the most thoughtful gifts you can provide for your family. Grief is a confusing and difficult time and planning a funeral in the midst of these emotions can be overwhelming. Your decision to complete this guide lifts some of the burden from your family. By completing the following pages, they will have a document that clearly expresses your wishes and acts as a guide for them.

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Disposition of My Body

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If not cremated, I do\_\_\_ do not\_\_\_ desire an open casket viewing of my body.

I have made arrangements\_\_ I have not made arrangements\_\_ for a burial plot.

Interment will be at \_\_\_\_\_

Possible pall bearers are: \_\_\_\_\_

**OR** I wish to have my body cremated

Funeral Home or other facility \_\_\_\_\_  
Address \_\_\_\_\_

I have already paid\_\_\_ I have not already paid\_\_\_ for my cremation

I have made arrangements to be inurned in Trinity's Memorial Garden. \_\_\_\_\_

I have not made arrangements to inurned at Trinity and wish to have my ashes placed \_\_\_\_\_

Gravestone/memorial plaque I prefer \_\_\_\_\_

Notes: \_\_\_\_\_

## A Sample Memorial Service Worship Format

(a list of possible Scriptures follows)

**PRELUDE**

**WELCOME**

**PRAYER**

**HYMN**

**OLD TESTAMENT LESSON**

**NEW TESTAMENT LESSON**

**MEDITATION**

**MUSIC: (Resurrection Choir)**

**PRAYERS**

**BLESSING**

**SENDING**

**HYMN**

**POSTLUDE**

The family may choose to greet friends after the service in the fellowship hall.

The parish provides cookies, punch, and coffee for all celebrations of life. If the family desires to serve lunch, you are welcomed to have the time of fellowship catered. Caterers should be familiar with the church's building use policy and agree to work within the confines of said policy.

I would like to have the following cater my funeral/memorial. \_\_\_\_\_

I have made prearrangements with the caterer. Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not to be inurned in our memorial garden, the Committal Service is to be conducted at \_\_\_\_\_ am/pm at \_\_\_\_\_ cemetery.

**IMPORTANT DOCUMENTS** (*consult your attorney*)

1-I have a will\_\_\_\_\_

I do not have a will\_\_\_\_\_

My will can be found \_\_\_\_\_

2-I have a lawyer\_\_\_\_\_

I do not have a lawyer\_\_\_\_\_

My lawyer's name and address is: \_\_\_\_\_

3- I have a financial advisor\_\_\_\_\_

I do not have a financial advisor\_\_\_\_\_

My advisor's name and address is \_\_\_\_\_

4- My primary care physician is \_\_\_\_\_

5- I have insurance policies\_\_\_\_\_

I do not have insurance policies\_\_\_\_\_

My policies can be found \_\_\_\_\_

6- My credit cards are \_\_\_\_\_

7- You will find my birth certificate, passport and other important papers:

8- I have a Durable Power of Attorney (DPA)\_\_\_\_\_ I do not have a DPA\_\_\_\_\_

My DPA can be found \_\_\_\_\_

**Durable Power of Attorney** for Finances – or financial power of attorney – is a simple, inexpensive, and reliable way to arrange for someone to manage your finances. If you become incapacitated (unable to make decisions for yourself)

**9- I have a Living Will/Healthcare Power of Attorney (HPA)\_\_\_\_\_**

**I do not have a Living Will or HPA\_\_\_\_\_**

**My Living Will / HPA can be found \_\_\_\_\_**

Living Will – you tell your doctor that you do not want to receive certain treatments.

Healthcare Power of Attorney – you name an agent who will tell the doctor what treatment should or should not be provided

**10- At this time, my debts include:**

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**11- Multiple copies of the Certificate of Death can be obtained from the funeral home or cremation site. (You will need at least 10 copies.)**

Health Directive for Dementia

[www.dementia-directive.org](http://www.dementia-directive.org)

## **What If I Had Dementia?**

Planning for the future

Alzheimer's disease is one of the most common problems people face in their 70s and 80s. One of the most important things you can do is tell people who would be taking care of you what you would want for medical care if you were to develop worsening dementia.

### **What is dementia?**

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There is no known cure for dementia. Gradually people lose the ability to speak, eat, and walk. Eventually people die from dementia, often from dementia-related pneumonia. This process takes anywhere from 5 years to 20 years. The average time it takes dementia to progress to a severe form (of not being able to dress or feed oneself) is about 8 years.

One of the most important questions to consider is:

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Print Name \_\_\_\_\_

Date \_\_\_\_\_





## Possible Scripture Readings

Others may be chosen

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I wish to donate my body(or parts of my body)\_\_\_\_\_ I do not wish this\_\_\_\_\_  
(specifically)\_\_\_\_\_

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Address \_\_\_\_\_

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Address \_\_\_\_\_

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I have made arrangements\_\_ I have not made arrangements\_\_ for a burial plot.

Interment will be at \_\_\_\_\_  
\_\_\_\_\_

Possible pall bearers are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Address \_\_\_\_\_

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\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Sample Memorial Service Worship Format

(a list of possible Scriptures follows)

**PRELUDE**

**WELCOME**

**PRAYER**

**HYMN**

**OLD TESTAMENT LESSON**

**NEW TESTAMENT LESSON**

**MEDITATION**

**MUSIC: (Resurrection Choir)**

**PRAYERS**

**BLESSING**

**SENDING**

**HYMN**

**POSTLUDE**

The family may choose to greet friends after the service in the fellowship hall.

The parish provides cookies, punch, and coffee for all celebrations of life. If the family desires to serve lunch, you are welcomed to have the time of fellowship catered. Caterers should be familiar with the church's building use policy and agree to work within the confines of said policy.

I would like to have the following cater my funeral/memorial. \_\_\_\_\_

I have made prearrangements with the caterer. Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not to be inurned in our memorial garden, the Committal Service is to be conducted at \_\_\_\_\_ am/pm at \_\_\_\_\_ cemetery.



**IMPORTANT DOCUMENTS** (*consult your attorney*)

1-I have a will\_\_\_\_\_

I do not have a will\_\_\_\_\_

My will can be found \_\_\_\_\_

2-I have a lawyer\_\_\_\_\_

I do not have a lawyer\_\_\_\_\_

My lawyer's name and address is: \_\_\_\_\_

3- I have a financial advisor\_\_\_\_\_

I do not have a financial advisor\_\_\_\_\_

My advisor's name and address is \_\_\_\_\_

4- My primary care physician is \_\_\_\_\_

5- I have insurance policies\_\_\_\_\_

I do not have insurance policies\_\_\_\_\_

My policies can be found \_\_\_\_\_

6- My credit cards are \_\_\_\_\_

7- You will find my birth certificate, passport and other important papers:

8- I have a Durable Power of Attorney (DPA)\_\_\_\_\_ I do not have a DPA\_\_\_\_\_

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**Durable Power of Attorney** for Finances – or financial power of attorney – is a simple, inexpensive, and reliable way to arrange for someone to manage your finances. If you become incapacitated (unable to make decisions for yourself)

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Living Will – you tell your doctor that you do not want to receive certain treatments.

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**10- At this time, my debts include:**

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**11- Multiple copies of the Certificate of Death can be obtained from the funeral home or cremation site. (You will need at least 10 copies.)**

Health Directive for Dementia

[www.dementia-directive.org](http://www.dementia-directive.org)

## **What If I Had Dementia?**

Planning for the future

Alzheimer's disease is one of the most common problems people face in their 70s and 80s. One of the most important things you can do is tell people who would be taking care of you what you would want for medical care if you were to develop worsening dementia.

### **What is dementia?**

Over 5-20 years, people with Alzheimer's (and other forms of dementia) lose their memory and completely lose the ability to understand what's going on around them. Eventually people with dementia no longer recognize people they know, and eventually need help from others cleaning themselves up after they go to the bathroom.

Some people with dementia become extremely irritable and aggressive, striking out at people they love. Caring for them can become very difficult.

There is no known cure for dementia. Gradually people lose the ability to speak, eat, and walk. Eventually people die from dementia, often from dementia-related pneumonia. This process takes anywhere from 5 years to 20 years. The average time it takes dementia to progress to a severe form (of not being able to dress or feed oneself) is about 8 years.

One of the most important questions to consider is:

## **What kind of medical care would you want if you were to develop worsening dementia?**

### **Why it's important to express your wishes**

People with advancing dementia lose the ability to make decisions for themselves. Their families need to make medical decisions for them.

Giving family members guidance about what kind of care you'd want if you were to develop worsening dementia can ease the burden of their decision making and make you feel more secure that you'll receive the care that you would want.

Your guidance today will help the people taking care of you in the future.

### **What kinds of guidance can you give?**

As dementia gets worse, many medical tests and procedures become harder for people to go through, with more risk of side effects and bad reactions. As people lose the ability to understand what is happening they can become fearful and agitated by unfamiliar surroundings.

As their mind fades away, many people feel that life loses much of its meaning, especially when they're no longer able to understand what is happening around them. At points along the way, many people might not want medical care which would keep them alive longer. Instead they might want only medical care that would help keep them comfortable.

On the following pages are descriptions of the stages of dementia. By filling out this form you can give guidance to your loved ones. Read the description of each stage, then mark the box that reflects what goals of medical care you would want for yourself if you were at that stage of dementia.

### **Stage 1 — Mild dementia**

People lose the ability to remember recent events in their lives.

Routine tasks become difficult (such as cooking.) Some tasks can become more dangerous (such as driving.)

If you were to be at this stage of dementia what level of medical care would you want for yourself?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

**If I had mild dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
- To only receive care in the place where I am living. I would not want to go to the hospital even if I were very ill. If a treatment, such as antibiotics, might keep me alive longer and could be given in the place where I was living, then I would want such care. But if I continued to get worse, I would not want to go to an emergency room or a hospital. Instead, I would want to be allowed to die peacefully. Reason why: I would not want the possible risks and trauma which can come from being in the hospital.
- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

## **Stage 2 — Moderate dementia**

People lose the ability to have conversations, and communication becomes very limited. People lose the ability to understand what is going on around them.

People require daily full-time assistance with dressing and sometimes toileting.

If you were at this stage of dementia what level of medical care would you want?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

### **If I had moderate dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
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People are no longer able to recognize loved ones and family members. People may be awake through the night, disruptive, and yelling.

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_





## Possible Scripture Readings

Others may be chosen

### AT THE PROCESSION

Psalm 23 *The Lord is my shepherd*  
Psalm 90 *You have been our dwelling place in all generations*  
Psalm 118 *God's steadfast love endures forever*  
Isaiah 41:10 *Do not be afraid, for I am with you*  
Revelation 1:17-18 *Do not be afraid, I am the first and the last*  
Revelation 14:13 *Blessed are the dead who die in the Lord*  
Matthew 11:28-29 *Come to me, all you who are weary*  
John 11:25-26 *I am the resurrection and the life*  
John 14:27 *Peace I leave with you*

### OLD TESTAMENT

Job 19:23-27a *I know that my Redeemer lives*  
Ecclesiastes 3:1-15 *For everything there is a season*  
Isaiah 25:6-9 *God will swallow up death forever*  
Isaiah 40:1-11, 28-31 *Comfort, O comfort my people*  
Isaiah 43:1-3a, 18-19, 25 *I am about to do a new thing*  
Isaiah 55:1-3, 6-13 *Everyone who thirsts, come to the waters*  
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### PSALM

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Psalm 46:1-7 *God is our refuge and strength*  
Psalm 121 *I lift up my eyes to the hills*  
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### NEW TESTAMENT

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Hebrews 12:1-2 *We are surrounded by so great a cloud of witnesses*  
1 Peter 1:3-9 *A living hope through the resurrection of Jesus Christ from the dead*  
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Revelation 22:1-5 *The Lord God will be their light*

### GOSPEL

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Mark 16:1-7 *The resurrection of Christ*  
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**A Celebration of  
Life and Resurrection  
For My Family and Friends**

This booklet belongs to

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Dated \_\_\_\_\_

This booklet is intended for those desiring to have their funeral/memorial service at Trinity Ecumenical Parish and/or who wish to have their interment in the Memorial Garden.

**This is not a legal document.**

You are simply making your wishes known to your family and others who might be responsible for your funeral.

Filling out this booklet is a gift to your loved ones.

Trinity would, at the very least, like to have a copy of your funeral plans.

Trinity Ecumenical Parish

40 Lakemount Drive

Moneta, Virginia 24121

540-721-4330

Printed March 2017

Dear Friends,

In Romans 34: 7-14 the Apostle Paul wrote to the church in Rome,

***“We do not live to ourselves, and we do not die to ourselves. If we live, we live in the Lord, and if we die, we die in the Lord. So then, whether we live or whether we die, we are the Lord’s. For to this end Christ died and lived again, so that he might be Lord of both and dead and the living.”***

In that spirit this booklet is an opportunity for each of us to express our Christian faith in death as we have in life; “in life and in death, we belong to God”

### **Purpose and Objective**

Planning your funeral is one of the most thoughtful gifts you can provide for your family. Grief is a confusing and difficult time and planning a funeral in the midst of these emotions can be overwhelming. Your decision to complete this guide lifts some of the burden from your family. By completing the following pages, they will have a document that clearly expresses your wishes and acts as a guide for them.

The terms *funeral* and *memorial* are used interchangeably through this booklet. Technically, a funeral is a service with the body present; a memorial is a service without the presence of the body.

Share this guide with a family member and/or the person you select to be responsible for carrying out the wishes and desires you have outlined. Keep this in a safe place, but not in a safety deposit box where your family has no access. Update the information periodically. A copy of this document may be left at Trinity Ecumenical Parish, and the following persons have permission to view the contents of this guide:

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Disposition of My Body

I wish to donate my body(or parts of my body)\_\_\_\_\_ I do not wish this\_\_\_\_\_  
(specifically)\_\_\_\_\_

I have made the following prearrangements (paid) for the burial of my body  
Funeral Home \_\_\_\_\_  
Address \_\_\_\_\_

I have not made prearrangements, but desire the following  
Funeral Home \_\_\_\_\_  
Address \_\_\_\_\_

If not cremated, I do\_\_\_ do not\_\_\_ desire an open casket viewing of my body.

I have made arrangements\_\_ I have not made arrangements\_\_ for a burial plot.

Interment will be at \_\_\_\_\_

Possible pall bearers are: \_\_\_\_\_

**OR** I wish to have my body cremated

Funeral Home or other facility \_\_\_\_\_  
Address \_\_\_\_\_

I have already paid\_\_\_ I have not already paid\_\_\_ for my cremation

I have made arrangements to be inurned in Trinity's Memorial Garden. \_\_\_\_\_

I have not made arrangements to inurned at Trinity and wish to have my ashes placed \_\_\_\_\_

Gravestone/memorial plaque I prefer \_\_\_\_\_

Notes: \_\_\_\_\_

## A Sample Memorial Service Worship Format

(a list of possible Scriptures follows)

**PRELUDE**

**WELCOME**

**PRAYER**

**HYMN**

**OLD TESTAMENT LESSON**

**NEW TESTAMENT LESSON**

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_





## Possible Scripture Readings

Others may be chosen

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Printed March 2017

Dear Friends,

In Romans 34: 7-14 the Apostle Paul wrote to the church in Rome,

***“We do not live to ourselves, and we do not die to ourselves. If we live, we live in the Lord, and if we die, we die in the Lord. So then, whether we live or whether we die, we are the Lord’s. For to this end Christ died and lived again, so that he might be Lord of both and dead and the living.”***

In that spirit this booklet is an opportunity for each of us to express our Christian faith in death as we have in life; “in life and in death, we belong to God”

### **Purpose and Objective**

Planning your funeral is one of the most thoughtful gifts you can provide for your family. Grief is a confusing and difficult time and planning a funeral in the midst of these emotions can be overwhelming. Your decision to complete this guide lifts some of the burden from your family. By completing the following pages, they will have a document that clearly expresses your wishes and acts as a guide for them.

The terms *funeral* and *memorial* are used interchangeably through this booklet. Technically, a funeral is a service with the body present; a memorial is a service without the presence of the body.

Share this guide with a family member and/or the person you select to be responsible for carrying out the wishes and desires you have outlined. Keep this in a safe place, but not in a safety deposit box where your family has no access. Update the information periodically. A copy of this document may be left at Trinity Ecumenical Parish, and the following persons have permission to view the contents of this guide:

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Disposition of My Body

I wish to donate my body(or parts of my body)\_\_\_\_\_ I do not wish this\_\_\_\_\_  
(specifically)\_\_\_\_\_

I have made the following prearrangements (paid) for the burial of my body  
Funeral Home \_\_\_\_\_  
Address \_\_\_\_\_

I have not made prearrangements, but desire the following  
Funeral Home \_\_\_\_\_  
Address \_\_\_\_\_

If not cremated, I do\_\_\_ do not\_\_\_ desire an open casket viewing of my body.

I have made arrangements\_\_ I have not made arrangements\_\_ for a burial plot.

Interment will be at \_\_\_\_\_  
\_\_\_\_\_

Possible pall bearers are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR** I wish to have my body cremated

Funeral Home or other facility \_\_\_\_\_  
Address \_\_\_\_\_

I have already paid\_\_\_ I have not already paid\_\_\_ for my cremation

I have made arrangements to be inurned in Trinity's Memorial Garden. \_\_\_\_\_

I have not made arrangements to inurned at Trinity and wish to have my ashes placed \_\_\_\_\_

Gravestone/memorial plaque I prefer \_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## A Sample Memorial Service Worship Format

(a list of possible Scriptures follows)

**PRELUDE**

**WELCOME**

**PRAYER**

**HYMN**

**OLD TESTAMENT LESSON**

**NEW TESTAMENT LESSON**

**MEDITATION**

**MUSIC: (Resurrection Choir)**

**PRAYERS**

**BLESSING**

**SENDING**

**HYMN**

**POSTLUDE**

The family may choose to greet friends after the service in the fellowship hall.

The parish provides cookies, punch, and coffee for all celebrations of life. If the family desires to serve lunch, you are welcomed to have the time of fellowship catered. Caterers should be familiar with the church's building use policy and agree to work within the confines of said policy.

I would like to have the following cater my funeral/memorial. \_\_\_\_\_

I have made prearrangements with the caterer. Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not to be inurned in our memorial garden, the Committal Service is to be conducted at \_\_\_\_\_ am/pm at \_\_\_\_\_ cemetery.



**IMPORTANT DOCUMENTS** (*consult your attorney*)

1-I have a will\_\_\_\_\_

I do not have a will\_\_\_\_\_

My will can be found \_\_\_\_\_

2-I have a lawyer\_\_\_\_\_

I do not have a lawyer\_\_\_\_\_

My lawyer's name and address is: \_\_\_\_\_

3- I have a financial advisor\_\_\_\_\_

I do not have a financial advisor\_\_\_\_\_

My advisor's name and address is \_\_\_\_\_

4- My primary care physician is \_\_\_\_\_

5- I have insurance policies\_\_\_\_\_

I do not have insurance policies\_\_\_\_\_

My policies can be found \_\_\_\_\_

6- My credit cards are \_\_\_\_\_

7- You will find my birth certificate, passport and other important papers:

8- I have a Durable Power of Attorney (DPA)\_\_\_\_\_ I do not have a DPA\_\_\_\_\_

My DPA can be found \_\_\_\_\_

**Durable Power of Attorney** for Finances – or financial power of attorney – is a simple, inexpensive, and reliable way to arrange for someone to manage your finances. If you become incapacitated (unable to make decisions for yourself)

**9- I have a Living Will/Healthcare Power of Attorney (HPA)\_\_\_\_\_**

**I do not have a Living Will or HPA\_\_\_\_\_**

**My Living Will / HPA can be found \_\_\_\_\_**

Living Will – you tell your doctor that you do not want to receive certain treatments.

Healthcare Power of Attorney – you name an agent who will tell the doctor what treatment should or should not be provided

**10- At this time, my debts include:**

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**11- Multiple copies of the Certificate of Death can be obtained from the funeral home or cremation site. (You will need at least 10 copies.)**

Health Directive for Dementia

[www.dementia-directive.org](http://www.dementia-directive.org)

## **What If I Had Dementia?**

Planning for the future

Alzheimer's disease is one of the most common problems people face in their 70s and 80s. One of the most important things you can do is tell people who would be taking care of you what you would want for medical care if you were to develop worsening dementia.

### **What is dementia?**

Over 5-20 years, people with Alzheimer's (and other forms of dementia) lose their memory and completely lose the ability to understand what's going on around them. Eventually people with dementia no longer recognize people they know, and eventually need help from others cleaning themselves up after they go to the bathroom.

Some people with dementia become extremely irritable and aggressive, striking out at people they love. Caring for them can become very difficult.

There is no known cure for dementia. Gradually people lose the ability to speak, eat, and walk. Eventually people die from dementia, often from dementia-related pneumonia. This process takes anywhere from 5 years to 20 years. The average time it takes dementia to progress to a severe form (of not being able to dress or feed oneself) is about 8 years.

One of the most important questions to consider is:

## **What kind of medical care would you want if you were to develop worsening dementia?**

### **Why it's important to express your wishes**

People with advancing dementia lose the ability to make decisions for themselves. Their families need to make medical decisions for them.

Giving family members guidance about what kind of care you'd want if you were to develop worsening dementia can ease the burden of their decision making and make you feel more secure that you'll receive the care that you would want.

Your guidance today will help the people taking care of you in the future.

### **What kinds of guidance can you give?**

As dementia gets worse, many medical tests and procedures become harder for people to go through, with more risk of side effects and bad reactions. As people lose the ability to understand what is happening they can become fearful and agitated by unfamiliar surroundings.

As their mind fades away, many people feel that life loses much of its meaning, especially when they're no longer able to understand what is happening around them. At points along the way, many people might not want medical care which would keep them alive longer. Instead they might want only medical care that would help keep them comfortable.

On the following pages are descriptions of the stages of dementia. By filling out this form you can give guidance to your loved ones. Read the description of each stage, then mark the box that reflects what goals of medical care you would want for yourself if you were at that stage of dementia.

### **Stage 1 — Mild dementia**

People lose the ability to remember recent events in their lives.

Routine tasks become difficult (such as cooking.) Some tasks can become more dangerous (such as driving.)

If you were to be at this stage of dementia what level of medical care would you want for yourself?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

**If I had mild dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
- To only receive care in the place where I am living. I would not want to go to the hospital even if I were very ill. If a treatment, such as antibiotics, might keep me alive longer and could be given in the place where I was living, then I would want such care. But if I continued to get worse, I would not want to go to an emergency room or a hospital. Instead, I would want to be allowed to die peacefully. Reason why: I would not want the possible risks and trauma which can come from being in the hospital.
- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

## **Stage 2 — Moderate dementia**

People lose the ability to have conversations, and communication becomes very limited. People lose the ability to understand what is going on around them.

People require daily full-time assistance with dressing and sometimes toileting.

If you were at this stage of dementia what level of medical care would you want?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

### **If I had moderate dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
- To only receive care in the place where I am living. I would not want to go to the hospital even if I were very ill. If a treatment, such as antibiotics, might keep me alive longer and could be given in the place where I was living, then I would want such care. But if I

continued to get worse, I would not want to go to an emergency room or a hospital. Instead, I would want to be allowed to die peacefully. Reason why: I would not want the possible risks and trauma which can come from being in the hospital.

- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

### **Stage 3 — Severe dementia**

People are no longer able to recognize loved ones and family members. People may be awake through the night, disruptive, and yelling.

Many become angry and agitated and sometimes even violent.

People need round-the-clock help with all daily activities, including bathing and wiping off their genitals, generally needing to wear an adult diaper at all times.

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### **If I had severe dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
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- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_





## Possible Scripture Readings

Others may be chosen

### AT THE PROCESSION

Psalm 23 *The Lord is my shepherd*  
Psalm 90 *You have been our dwelling place in all generations*  
Psalm 118 *God's steadfast love endures forever*  
Isaiah 41:10 *Do not be afraid, for I am with you*  
Revelation 1:17-18 *Do not be afraid, I am the first and the last*  
Revelation 14:13 *Blessed are the dead who die in the Lord*  
Matthew 11:28-29 *Come to me, all you who are weary*  
John 11:25-26 *I am the resurrection and the life*  
John 14:27 *Peace I leave with you*

### OLD TESTAMENT

Job 19:23-27a *I know that my Redeemer lives*  
Ecclesiastes 3:1-15 *For everything there is a season*  
Isaiah 25:6-9 *God will swallow up death forever*  
Isaiah 40:1-11, 28-31 *Comfort, O comfort my people*  
Isaiah 43:1-3a, 18-19, 25 *I am about to do a new thing*  
Isaiah 55:1-3, 6-13 *Everyone who thirsts, come to the waters*  
Isaiah 61:1-3 *The spirit of the Lord God is upon me*  
Jeremiah 31:8-13 *I will turn their mourning into joy*  
Lamentations 3:22-26, 31-33 *The steadfast love of the Lord never ceases*

### PSALM

Psalm 42:1-7 *As a deer longs for flowing streams*  
Psalm 46:1-7 *God is our refuge and strength*  
Psalm 121 *I lift up my eyes to the hills*  
Psalm 143 *Hear my prayer, O Lord; give ear to my supplications*

### NEW TESTAMENT

Romans 5:1-11 *Peace with God through our Lord Jesus Christ*  
Romans 8:31-35, 37-39 *Who will separate us from the love of Christ*  
1 Corinthians 15:12-26 *Christ, the first fruits, has been raised from the dead*  
2 Corinthians 4:7-18 *We have this treasure in clay jars*  
Hebrews 12:1-2 *We are surrounded by so great a cloud of witnesses*  
1 Peter 1:3-9 *A living hope through the resurrection of Jesus Christ from the dead*  
Revelation 7:9-17 *God will wipe away every tear*  
Revelation 21:2-7 *I saw the holy city, the new Jerusalem*  
Revelation 22:1-5 *The Lord God will be their light*

### GOSPEL

Matthew 5:1-10 *Blessed are those who mourn*  
Matthew 11:25-30 *Come to me, all you who are weary*  
Mark 16:1-7 *The resurrection of Christ*  
Luke 24:1-9, 36-43 *The resurrection of Christ*  
John 1:1-5, 9-14 *The light shines in the darkness*  
John 6:37-40 *I will raise them up on the last day*  
John 10:11-16 *I am the good shepherd*  
John 11:21-27 *I am the resurrection and the life*  
John 14:1-6 *In my Father's house are many rooms*  
John 14:25-27 *Peace I leave with you; my peace I give to you*



**A Celebration of  
Life and Resurrection  
For My Family and Friends**

This booklet belongs to

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Dated \_\_\_\_\_

This booklet is intended for those desiring to have their funeral/memorial service at Trinity Ecumenical Parish and/or who wish to have their interment in the Memorial Garden.

**This is not a legal document.**

You are simply making your wishes known to your family and others who might be responsible for your funeral.

Filling out this booklet is a gift to your loved ones.

Trinity would, at the very least, like to have a copy of your funeral plans.

Trinity Ecumenical Parish

40 Lakemount Drive

Moneta, Virginia 24121

540-721-4330

Printed March 2017

Dear Friends,

In Romans 34: 7-14 the Apostle Paul wrote to the church in Rome,

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(specifically)\_\_\_\_\_

I have made the following prearrangements (paid) for the burial of my body  
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Address \_\_\_\_\_

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I have made arrangements\_\_ I have not made arrangements\_\_ for a burial plot.

Interment will be at \_\_\_\_\_  
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Possible pall bearers are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR** I wish to have my body cremated

Funeral Home or other facility \_\_\_\_\_  
Address \_\_\_\_\_

I have already paid\_\_\_ I have not already paid\_\_\_ for my cremation

I have made arrangements to be inurned in Trinity's Memorial Garden. \_\_\_\_\_

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Gravestone/memorial plaque I prefer \_\_\_\_\_  
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Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## A Sample Memorial Service Worship Format

(a list of possible Scriptures follows)

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**WELCOME**

**PRAYER**

**HYMN**

**OLD TESTAMENT LESSON**

**NEW TESTAMENT LESSON**

**MEDITATION**

**MUSIC: (Resurrection Choir)**

**PRAYERS**

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**IMPORTANT DOCUMENTS** (*consult your attorney*)

1-I have a will\_\_\_\_\_

I do not have a will\_\_\_\_\_

My will can be found \_\_\_\_\_

2-I have a lawyer\_\_\_\_\_

I do not have a lawyer\_\_\_\_\_

My lawyer's name and address is: \_\_\_\_\_

3- I have a financial advisor\_\_\_\_\_

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**11- Multiple copies of the Certificate of Death can be obtained from the funeral home or cremation site. (You will need at least 10 copies.)**

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Planning for the future

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Some people with dementia become extremely irritable and aggressive, striking out at people they love. Caring for them can become very difficult.

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One of the most important questions to consider is:

## **What kind of medical care would you want if you were to develop worsening dementia?**

### **Why it's important to express your wishes**

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### **Stage 1 — Mild dementia**

People lose the ability to remember recent events in their lives.

Routine tasks become difficult (such as cooking.) Some tasks can become more dangerous (such as driving.)

If you were to be at this stage of dementia what level of medical care would you want for yourself?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

**If I had mild dementia I would want the goal for my care to be:**

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- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_





## Possible Scripture Readings

Others may be chosen

### AT THE PROCESSION

Psalm 23 *The Lord is my shepherd*  
Psalm 90 *You have been our dwelling place in all generations*  
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### OLD TESTAMENT

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Ecclesiastes 3:1-15 *For everything there is a season*  
Isaiah 25:6-9 *God will swallow up death forever*  
Isaiah 40:1-11, 28-31 *Comfort, O comfort my people*  
Isaiah 43:1-3a, 18-19, 25 *I am about to do a new thing*  
Isaiah 55:1-3, 6-13 *Everyone who thirsts, come to the waters*  
Isaiah 61:1-3 *The spirit of the Lord God is upon me*  
Jeremiah 31:8-13 *I will turn their mourning into joy*  
Lamentations 3:22-26, 31-33 *The steadfast love of the Lord never ceases*

### PSALM

Psalm 42:1-7 *As a deer longs for flowing streams*  
Psalm 46:1-7 *God is our refuge and strength*  
Psalm 121 *I lift up my eyes to the hills*  
Psalm 143 *Hear my prayer, O Lord; give ear to my supplications*

### NEW TESTAMENT

Romans 5:1-11 *Peace with God through our Lord Jesus Christ*  
Romans 8:31-35, 37-39 *Who will separate us from the love of Christ*  
1 Corinthians 15:12-26 *Christ, the first fruits, has been raised from the dead*  
2 Corinthians 4:7-18 *We have this treasure in clay jars*  
Hebrews 12:1-2 *We are surrounded by so great a cloud of witnesses*  
1 Peter 1:3-9 *A living hope through the resurrection of Jesus Christ from the dead*  
Revelation 7:9-17 *God will wipe away every tear*  
Revelation 21:2-7 *I saw the holy city, the new Jerusalem*  
Revelation 22:1-5 *The Lord God will be their light*

### GOSPEL

Matthew 5:1-10 *Blessed are those who mourn*  
Matthew 11:25-30 *Come to me, all you who are weary*  
Mark 16:1-7 *The resurrection of Christ*  
Luke 24:1-9, 36-43 *The resurrection of Christ*  
John 1:1-5, 9-14 *The light shines in the darkness*  
John 6:37-40 *I will raise them up on the last day*  
John 10:11-16 *I am the good shepherd*  
John 11:21-27 *I am the resurrection and the life*  
John 14:1-6 *In my Father's house are many rooms*  
John 14:25-27 *Peace I leave with you; my peace I give to you*

**A Celebration of  
Life and Resurrection  
For My Family and Friends**

This booklet belongs to

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Dated \_\_\_\_\_

This booklet is intended for those desiring to have their funeral/memorial service at Trinity Ecumenical Parish and/or who wish to have their interment in the Memorial Garden.

**This is not a legal document.**

You are simply making your wishes known to your family and others who might be responsible for your funeral.

Filling out this booklet is a gift to your loved ones.

Trinity would, at the very least, like to have a copy of your funeral plans.

Trinity Ecumenical Parish

40 Lakemount Drive

Moneta, Virginia 24121

540-721-4330

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Dear Friends,

In Romans 34: 7-14 the Apostle Paul wrote to the church in Rome,

***“We do not live to ourselves, and we do not die to ourselves. If we live, we live in the Lord, and if we die, we die in the Lord. So then, whether we live or whether we die, we are the Lord’s. For to this end Christ died and lived again, so that he might be Lord of both and dead and the living.”***

In that spirit this booklet is an opportunity for each of us to express our Christian faith in death as we have in life; “in life and in death, we belong to God”

### **Purpose and Objective**

Planning your funeral is one of the most thoughtful gifts you can provide for your family. Grief is a confusing and difficult time and planning a funeral in the midst of these emotions can be overwhelming. Your decision to complete this guide lifts some of the burden from your family. By completing the following pages, they will have a document that clearly expresses your wishes and acts as a guide for them.

The terms *funeral* and *memorial* are used interchangeably through this booklet. Technically, a funeral is a service with the body present; a memorial is a service without the presence of the body.

Share this guide with a family member and/or the person you select to be responsible for carrying out the wishes and desires you have outlined. Keep this in a safe place, but not in a safety deposit box where your family has no access. Update the information periodically. A copy of this document may be left at Trinity Ecumenical Parish, and the following persons have permission to view the contents of this guide:

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Disposition of My Body

I wish to donate my body(or parts of my body)\_\_\_\_\_ I do not wish this\_\_\_\_\_  
(specifically)\_\_\_\_\_

I have made the following prearrangements (paid) for the burial of my body  
Funeral Home \_\_\_\_\_  
Address \_\_\_\_\_

I have not made prearrangements, but desire the following  
Funeral Home \_\_\_\_\_  
Address \_\_\_\_\_

If not cremated, I do\_\_\_ do not\_\_\_ desire an open casket viewing of my body.

I have made arrangements\_\_ I have not made arrangements\_\_ for a burial plot.

Interment will be at \_\_\_\_\_  
\_\_\_\_\_

Possible pall bearers are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR** I wish to have my body cremated

Funeral Home or other facility \_\_\_\_\_  
Address \_\_\_\_\_

I have already paid\_\_\_ I have not already paid\_\_\_ for my cremation

I have made arrangements to be inurned in Trinity's Memorial Garden. \_\_\_\_\_

I have not made arrangements to inurned at Trinity and wish to have my ashes placed \_\_\_\_\_

Gravestone/memorial plaque I prefer \_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Sample Memorial Service Worship Format

(a list of possible Scriptures follows)

**PRELUDE**

**WELCOME**

**PRAYER**

**HYMN**

**OLD TESTAMENT LESSON**

**NEW TESTAMENT LESSON**

**MEDITATION**

**MUSIC: (Resurrection Choir)**

**PRAYERS**

**BLESSING**

**SENDING**

**HYMN**

**POSTLUDE**

The family may choose to greet friends after the service in the fellowship hall.

The parish provides cookies, punch, and coffee for all celebrations of life. If the family desires to serve lunch, you are welcomed to have the time of fellowship catered. Caterers should be familiar with the church's building use policy and agree to work within the confines of said policy.

I would like to have the following cater my funeral/memorial. \_\_\_\_\_

I have made prearrangements with the caterer. Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not to be inurned in our memorial garden, the Committal Service is to be conducted at \_\_\_\_\_ am/pm at \_\_\_\_\_ cemetery.



**IMPORTANT DOCUMENTS** (*consult your attorney*)

1-I have a will\_\_\_\_\_

I do not have a will\_\_\_\_\_

My will can be found \_\_\_\_\_

2-I have a lawyer\_\_\_\_\_

I do not have a lawyer\_\_\_\_\_

My lawyer's name and address is: \_\_\_\_\_

3- I have a financial advisor\_\_\_\_\_

I do not have a financial advisor\_\_\_\_\_

My advisor's name and address is \_\_\_\_\_

4- My primary care physician is \_\_\_\_\_

5- I have insurance policies\_\_\_\_\_

I do not have insurance policies\_\_\_\_\_

My policies can be found \_\_\_\_\_

6- My credit cards are \_\_\_\_\_

7- You will find my birth certificate, passport and other important papers:

8- I have a Durable Power of Attorney (DPA)\_\_\_\_\_ I do not have a DPA\_\_\_\_\_

My DPA can be found \_\_\_\_\_

**Durable Power of Attorney** for Finances – or financial power of attorney – is a simple, inexpensive, and reliable way to arrange for someone to manage your finances. If you become incapacitated (unable to make decisions for yourself)

**9- I have a Living Will/Healthcare Power of Attorney (HPA)\_\_\_\_\_**

**I do not have a Living Will or HPA\_\_\_\_\_**

**My Living Will / HPA can be found \_\_\_\_\_**

Living Will – you tell your doctor that you do not want to receive certain treatments.

Healthcare Power of Attorney – you name an agent who will tell the doctor what treatment should or should not be provided

**10- At this time, my debts include:**

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**11- Multiple copies of the Certificate of Death can be obtained from the funeral home or cremation site. (You will need at least 10 copies.)**

Health Directive for Dementia

[www.dementia-directive.org](http://www.dementia-directive.org)

## **What If I Had Dementia?**

Planning for the future

Alzheimer's disease is one of the most common problems people face in their 70s and 80s. One of the most important things you can do is tell people who would be taking care of you what you would want for medical care if you were to develop worsening dementia.

### **What is dementia?**

Over 5-20 years, people with Alzheimer's (and other forms of dementia) lose their memory and completely lose the ability to understand what's going on around them. Eventually people with dementia no longer recognize people they know, and eventually need help from others cleaning themselves up after they go to the bathroom.

Some people with dementia become extremely irritable and aggressive, striking out at people they love. Caring for them can become very difficult.

There is no known cure for dementia. Gradually people lose the ability to speak, eat, and walk. Eventually people die from dementia, often from dementia-related pneumonia. This process takes anywhere from 5 years to 20 years. The average time it takes dementia to progress to a severe form (of not being able to dress or feed oneself) is about 8 years.

One of the most important questions to consider is:

## **What kind of medical care would you want if you were to develop worsening dementia?**

### **Why it's important to express your wishes**

People with advancing dementia lose the ability to make decisions for themselves. Their families need to make medical decisions for them.

Giving family members guidance about what kind of care you'd want if you were to develop worsening dementia can ease the burden of their decision making and make you feel more secure that you'll receive the care that you would want.

Your guidance today will help the people taking care of you in the future.

### **What kinds of guidance can you give?**

As dementia gets worse, many medical tests and procedures become harder for people to go through, with more risk of side effects and bad reactions. As people lose the ability to understand what is happening they can become fearful and agitated by unfamiliar surroundings.

As their mind fades away, many people feel that life loses much of its meaning, especially when they're no longer able to understand what is happening around them. At points along the way, many people might not want medical care which would keep them alive longer. Instead they might want only medical care that would help keep them comfortable.

On the following pages are descriptions of the stages of dementia. By filling out this form you can give guidance to your loved ones. Read the description of each stage, then mark the box that reflects what goals of medical care you would want for yourself if you were at that stage of dementia.

### **Stage 1 — Mild dementia**

People lose the ability to remember recent events in their lives.

Routine tasks become difficult (such as cooking.) Some tasks can become more dangerous (such as driving.)

If you were to be at this stage of dementia what level of medical care would you want for yourself?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

**If I had mild dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
- To only receive care in the place where I am living. I would not want to go to the hospital even if I were very ill. If a treatment, such as antibiotics, might keep me alive longer and could be given in the place where I was living, then I would want such care. But if I continued to get worse, I would not want to go to an emergency room or a hospital. Instead, I would want to be allowed to die peacefully. Reason why: I would not want the possible risks and trauma which can come from being in the hospital.
- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

## **Stage 2 — Moderate dementia**

People lose the ability to have conversations, and communication becomes very limited. People lose the ability to understand what is going on around them.

People require daily full-time assistance with dressing and sometimes toileting.

If you were at this stage of dementia what level of medical care would you want?

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Select one of the 4 main goals of care listed below to express your wishes. Choose the goal of care that describes what you would want at this stage.

### **If I had moderate dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
- To only receive care in the place where I am living. I would not want to go to the hospital even if I were very ill. If a treatment, such as antibiotics, might keep me alive longer and could be given in the place where I was living, then I would want such care. But if I

continued to get worse, I would not want to go to an emergency room or a hospital. Instead, I would want to be allowed to die peacefully. Reason why: I would not want the possible risks and trauma which can come from being in the hospital.

- To receive comfort-oriented care only, focused on relieving my suffering such as pain, anxiety, or breathlessness. I would not want any care that would keep me alive longer.

### **Stage 3 — Severe dementia**

People are no longer able to recognize loved ones and family members. People may be awake through the night, disruptive, and yelling.

Many become angry and agitated and sometimes even violent.

People need round-the-clock help with all daily activities, including bathing and wiping off their genitals, generally needing to wear an adult diaper at all times.

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### **If I had severe dementia I would want the goal for my care to be:**

- To live for as long as I could. I would want full efforts to prolong my life, including efforts to restart my heart if it stops beating.
- To receive treatments to prolong my life, but if my heart stops beating or I can't breathe on my own then do not shock my heart to restart it (DNR) and do not place me on a breathing machine. Instead, if either of these happens, allow me to die peacefully. Reason why: if I took such a sudden turn for the worse then my dementia would likely be worse if I survived, and this would not be an acceptable quality of life for me.
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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_





## **Possible Scripture Readings**

Others may be chosen

### **AT THE PROCESSION**

Psalm 23 *The Lord is my shepherd*  
Psalm 90 *You have been our dwelling place in all generations*  
Psalm 118 *God's steadfast love endures forever*  
Isaiah 41:10 *Do not be afraid, for I am with you*  
Revelation 1:17-18 *Do not be afraid, I am the first and the last*  
Revelation 14:13 *Blessed are the dead who die in the Lord*  
Matthew 11:28-29 *Come to me, all you who are weary*  
John 11:25-26 *I am the resurrection and the life*  
John 14:27 *Peace I leave with you*

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