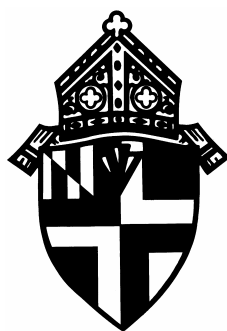


THE EPISCOPAL CHURCH FOUNDATION

The Episcopal Diocese of Maryland



Planning for the End of Life



“THE MINISTER OF THE CONGREGATION IS DIRECTED TO INSTRUCT THE PEOPLE, FROM TIME TO TIME, ABOUT THE DUTY OF CHRISTIAN PARENTS TO MAKE PRUDENT PROVISION FOR THE WELL-BEING OF THEIR FAMILIES, AND OF ALL PERSONS TO MAKE WILLS, WHILE THEY ARE IN HEALTH, ARRANGING FOR THE DISPOSAL OF THEIR TEMPORAL GOODS, NOT NEGLECTING, IF THEY ARE ABLE, TO LEAVE BEQUESTS FOR RELIGIOUS AND CHARITABLE USES.”

—THE BOOK OF COMMON PRAYER
PAGE 445



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Introduction

So you haven't made a will? Join the crowd! In any given year, up to 70% of Americans die without a will. Nevertheless, you **do** have a will: the state wrote it for you years ago, but you may not like what it says or how it divides your possessions!

Writing a will is essential if you want to control what happens to your family and your possessions after death. Appointing trustees and executors, naming guardians for young children and deciding how you would like your worldly goods distributed will give you peace of mind and relieve your loved ones of the burden of those decisions.

In the Episcopal Church we believe that your estate plan should reflect your values. That is why we suggest you consider the following three sections in the order we present them.

- **“The Advance Directive”** from the Attorney General's Office of the State of Maryland appoints a Healthcare Agent and gives instructions for how you would like to be treated if you are incapacitated.
- **“Planning Your Funeral”** We suggest you design your funeral service before making your will. The funeral can then be a reflection of your life, a message to loved ones about your values and what was important to you.
- **“Writing Your Will”** Once you have clarified your values through writing your funeral service, then write or amend your will so that it reflects those values.

Possessions and how we use them have a way of defining who we are. We hope this material will help you make important decisions to guide your friends and loved ones so they will know who you were and what was important to you.

Episcopal Church Guidelines

End of Life Issues- A Resolution from General Convention, 1991

Resolution Number: 1991-A093

Title: Establish Principles With Regard to the Prolongation of Life

Legislative Action Taken: Concurred As Amended

Resolved, the House of Bishops concurring, that this 70th General Convention set forth the following principles and guidelines with regard to the foregoing of life-sustaining treatment in the light of our understanding of the sacredness of human life:

1. Although human life is sacred, death is part of the earthly cycle of life. There is a "time to be born and a time to die" (Eccl. 3:2). The resurrection of Jesus Christ transforms death into a transition to eternal life: "For as by a man came death, by a man has come also the resurrection of the dead" (I Cor. 15:21).
2. Despite this hope, it is morally wrong and unacceptable to intentionally take a human life in order to relieve the suffering caused by incurable illness. This would include the intentional shortening of another person's life by the use of a lethal dose of medication or poison, the use of lethal weapons, homicidal acts, and other forms of active euthanasia. Palliative treatment to relieve the pain of persons with progressive incurable illnesses, even if done with the knowledge that a hastened death may result, is consistent with theological tenets regarding the sanctity of life. However, there is no moral obligation to prolong the act of dying by extraordinary means and at all costs if such dying person is ill and has no reasonable expectation of recovery.
3. In those cases involving persons who are in a comatose state from which there is no reasonable expectation of recovery, subject to legal restraints, this Church's members are urged to

seek the advice and counsel of members of the church community, and where appropriate, its sacramental life, in contemplating the withholding or removing of life-sustaining systems, including hydration and nutrition.

4. We acknowledge that the withholding or removing of life-sustaining systems has a tragic dimension. The decision to withhold or withdraw life-sustaining treatment should ultimately rest with the patient, or with the patient's surrogate decision-makers in the case of a mentally incapacitated patient. We therefore express our deep conviction that any proposed legislation on the part of national or state governments regarding the so called "right to die" issues, (a) must take special care to see that the individual's rights are respected and that the responsibility of individuals to reach informed decisions in this matter is acknowledged and honored, and (b) must also provide expressly for the withholding or withdrawing of life-sustaining systems, where the decision to withhold or withdraw life-sustaining systems has been arrived at with proper safeguards against abuse.
5. We acknowledge that there are circumstances in which health care providers, in good conscience, may decline to act on request to terminate life-sustaining systems if they object on moral or religious grounds. In such cases we endorse the idea of respecting the patient's right to self-determination by permitting such patient to be transferred to another facility or physician willing to honor the patient's request, provided that the patient can readily, comfortably and safely be transferred. We encourage health care providers who make it a policy to decline involvement in the termination of life-sustaining systems to communicate their policy to patients or their surrogates at the earliest opportunity, preferably before the patients or their surrogates have engaged the services of such a health care provider.
6. Advance written directives (so-called "living wills," "declarations concerning medical treatment" and "durable powers of attorney setting forth medical declarations") that make a person's wishes concerning the continuation or withholding or removing of life-sustaining systems should be encouraged, and this Church's members are encouraged to execute such advance written directives during good health and competence and that the execution of such advance written directives constitute loving and moral acts.

7. We urge the Council of Seminary Deans, the Christian Education departments of each diocese, and those in charge of programs of continuing education for clergy and all others responsible for education programs in this Church, to consider seriously the inclusion of basic training in issues of prolongation of life and death with dignity in their curricula and programs.

Citation: General Convention, Journal of the General Convention of The Episcopal Church, Phoenix, 1991 (New York: General Convention, 1992), p. 383.

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Please Note:

All material on pages 5 through 18 of this booklet has been supplied by the State Attorney General's Office of the State of Maryland.

Using Advance Directives

Adults can decide for themselves whether they want medical treatment.

Your Right To Decide This right to decide- to say yes or no to proposed treatment) applies to treatments that extend life, like a breathing machine or a feeding tube. Tragically, accident or illness can take away a person's ability to make health care decisions. But decisions still have to be made. If you cannot do so, someone else will. These decisions should reflect your own values and priorities.

A Maryland law called the Health Care Decisions Act says that you can do health care planning, through "advance directives." An advance directive can be used to name a health care agent. This is someone you trust to make health care decisions for you. An advance directive can also be used to say what your treatment preferences are, especially about treatments that might be used to sustain your life.

The Health Care Decisions Act sets out two optional forms, which are included with this pamphlet. The shorter one is titled "**Living Will.**" The longer one is titled "**Advance Directive,**" and it has two parts, Part A and Part B. This pamphlet will explain how to use them. These forms are intended to be guides. You may complete all of a form, or only the parts you want to use. You are *not* required by law to use these forms. Different forms, written the way you want, may also be used. For example, one widely praised form, called *Five Wishes*, is available from the nonprofit organization Aging With Dignity. You can get information about that document from the Internet at www.agingwithdignity.org or write to: Aging with Dignity, P.O. Box 1661, Tallahassee, FL 32302.

These optional forms can be filled out without going to a lawyer. But if there is anything you do not understand, you might want to talk with a lawyer. You can also ask your doctor to explain the medical issues. You should tell your doctor that you made an advance directive and give your doctor a copy. You need two witnesses to your signature on these forms. Nearly any adult can be a witness. If you name a health care agent, though, that person may not be a witness. Also, one of the witnesses must be a person who would not financially benefit by your death or handle your estate. You do not need to have the form notarized.

Once you make an advance directive, it remains in effect unless you revoke it. It does not expire. You should review what you've done once in a while. Things might change in your life, or your attitudes might change. You are free to amend or revoke an advance directive at any time. Tell your doctor and anyone else who has a copy of your advance directive if you amend it or revoke it.

If you made an advance directive in another state, it is legally *valid* in Maryland. Also, if you have a Maryland living will or a durable power of attorney for health care prepared before October 1, 1993, that document is *still valid*. You might want to review these documents to see if you prefer to make a new advance directive instead.

Health Care Agents

You can name anyone you want (except, in general, someone who works for a health care facility where you are receiving care) to be your health care agent. **To name a health care agent, use Part A of the advance directive form.** Your agent will speak for you and make decisions based on what you would want done or your best interests. You decide how much power your agent will have to make health care decisions. You can also decide when you want your agent to have this power- right away, or only after your doctors agree that you are not able to decide for yourself.

You can pick a family member as a health care agent, but you don't have to. Remember, your agent will have the power to make important treatment decisions, even if other people close to you might urge a different decision. Choose the person best qualified to be your health care agent. Also, consider picking a back-up agent, in case your first choice isn't available when needed. Don't pick someone without telling the person. Make sure that the person you pick understands what's most important to you. When the time comes for decisions, your health care agent should do what you would want.

The forms included with this pamphlet do *not* give anyone power to handle your money. There isn't a standard form we can send. Talk to your lawyer about planning for financial issues in case of incapacity.

Health Care Instructions

You also have the right to use an advance directive to say what you want about future treatment issues. If you both name a health care agent *and* make decisions about treatment in an advance directive, your agent will be bound by whatever decisions you make unless you say otherwise.

If you want, you **can make a limited kind of advance directive called a living will**. A living will lets you decide about life-sustaining procedures in two situations: death from a terminal condition is imminent despite the application of life-sustaining procedures, and a condition of permanent unconsciousness called a persistent vegetative state.

You also have the right to give broader health care instructions by using Part B of the longer form. Part B of the advance directive lets you decide about life-sustaining procedures in three situations: terminal condition, persistent vegetative state, *and* end-stage condition. An end-stage condition is an advanced, progressive, and incurable condition resulting in complete physical dependency. One example is advanced Alzheimer's disease. You can also use Part B of the advance directive to make health care decisions in addition to those dealing with life-sustaining procedures. If you fill out Part B, you should *not* fill out the living will form too.

Both the living will form and Part B let you decide separately, if you want, about artificially supplied nutrition and hydration, often called "tube feeding." Also, women who fill out either form can say whether pregnancy is to have any effect on their treatment decisions.

Did You Remember To...

- Fill out, sign, and have witnessed **Part A of the advance directive** if you want to name a health care agent?
- Name a back-up agent in case your first choice as health care agent is not available when needed?
- Talk to your agent and back-up agent about your values and priorities, and decide whether that's enough guidance or whether you also want to make specific health care decisions that your agent must follow?
- Fill out (choosing carefully among alternatives), sign, and have witnessed **either a living will or the broader Part B of the advance directive**, but only if you want to make specific decisions?
- Make sure your health care agent (if you named one), your family, and your doctor know about your advance care planning?
- Give a copy of your advance directive to your health care agent, family members, doctor, and hospital or nursing home if you are a patient there?

For additional copies of this pamphlet, please contact:

Attorney General's Office
200 Saint Paul Place
Baltimore, Maryland 21202
(410) 576-7000
e-mail: ADForms@oag.state.md.us

Library and Information Services Division
Department of Legislative Reference
90 State Circle
Annapolis, MD 21401
(410) 946-5400 (Baltimore/Annapolis area)
(301) 970-5400 (Washington, D.C. area)

Copies are also available on the Internet at the following address:
www.oag.state.md.us/Healthpol/index.htm

FREQUENTLY ASKED QUESTIONS ABOUT ADVANCE DIRECTIVES IN MARYLAND

- 1. Must I use any particular form?**
No. Optional forms are provided, but you may change them or use different forms altogether. Of course, no health care provider may deny you care simply because you decided not to fill out a form.
- 2. Who can be picked as a health care agent?**
Anyone who is 18 or older except, in general, an owner, operator, or employee of a health care facility where a patient is receiving care.
- 3. Who can witness an advance directive?**
Two witnesses are needed. Generally, any competent adult can be a witness, including your doctor or other health care provider (but be aware that some facilities have a policy against their employees serving as witnesses). If you name a health care agent, that person cannot be a witness for any of your advance directives. Also, **one** of the two witnesses must be someone who (i) will not receive money or property from your estate and (ii) who is not the one you have named to handle your estate after your death.
- 4. Do the forms have to be notarized?**
No, but if you travel frequently to another state, check with a knowledgeable lawyer to see if that state requires notarization.
- 5. Do any of these documents deal with financial matters?**
No. If you want to plan for financial matters, talk with your lawyer.
- 6. When using these forms to make a decision, how do I show the choices that I have made?**
Write your **initials** next to the statement that says what you want. **Don't** use checkmarks or X's. Then draw lines all the way through other statements that do not say what you want. Please don't make inconsistent choices. For example, if you initial any or all of items 1, 2, and 3 on Part B of the advance directive, **do not** initial item 5. Draw lines through it instead. Also, be very careful about item 4. Draw lines through it if you want to make sure that you get pain relief medication.
- 7. Should I fill out both the living will form and the advance directive form?** It depends on what you want to do. If all you

want to do is name a health care agent, just fill out Part A of the advance directive. If you want to give treatment instructions, fill out *either* the living will form *or* Part B of the advance directive (not both). The living will form lets you decide about life-sustaining procedures in the event of terminal condition or persistent vegetative state. Part B lets you decide about life-sustaining procedures not only in the event of terminal condition or persistent vegetative state but also “end-stage condition.” Part B also lets you make health care decisions that deal with situations other than life-sustaining procedures. Be aware that, if you name a health care agent *and* give treatment instructions, the agent will be bound by your decisions unless you say otherwise.

8. Are these forms valid in another state?

It depends on the law of the other state. Most states will honor an advance directive made somewhere else.

9. To whom should I give copies of my advance directive?

Give copies to your doctor, your health care agent if you name one, hospital or nursing home if you will be staying there, and family members or friends who should know of your wishes.

10. Does the federal law on medical records privacy (HIPAA) require special language about my health care agent?

Under HIPAA, a health care agent is a “personal representative” who can get access to your medical records. In Part A of the advance directive, at the beginning of item 2A, you might want to write in these words: “As my personal representative,…”

11. If I have an advance directive, do I also need an Emergency Medical Services Palliative Care/Do Not Resuscitate Order?

Yes. If you **don't** want ambulance personnel to try to resuscitate you in the event of cardiac or respiratory arrest, you must have an EMS Palliative Care/DNR Order signed by your private physician.

12. Does the EMS Palliative Care/DNR Order have to be in a particular form? Yes. Ambulance personnel have very little time to evaluate the situation and act appropriately. So, it is not practical to ask them to interpret documents that may vary in form and content. Instead, a standardized order form has been developed. Have your doctor or health care facility contact the Maryland Institute for Emergency Medical Services System (MIEMSS) at (410) 706-4367 to obtain information on EMS

Palliative Care/DNR Orders.

- 13. Can I use an advance directive to make an organ donation?**
Yes. A special form for that purpose is included.

IF YOU HAVE OTHER QUESTIONS, PLEASE TALK TO YOUR DOCTOR OR YOUR LAWYER. OR, IF YOU HAVE A QUESTION ABOUT THE FORMS THAT IS NOT ANSWERED HERE OR ELSEWHERE IN THIS BROCHURE, YOU CAN CALL THE HEALTH POLICY DIVISION OF THE ATTORNEY GENERAL'S OFFICE AT (410) 576-6327 OR E-MAIL US AT ADFORMS@OAG.STATE.MD.US.

REVISED DECEMBER 2003

ADVANCE DIRECTIVE

PART A
APPOINTMENT OF HEALTH CARE AGENT

(Optional Form)

(Cross through this whole part of the form if you do not want to appoint a health care agent to make health care decisions for you. If you do want to appoint an agent, cross through any items in the form that you do not want to apply.)

1. I, _____, residing
at _____

appoint the following individual as my agent to make health care decisions for me:

(Full Name, Address, and Telephone Number of Agent)

Optional: If this agent is unavailable or is unable or unwilling to act as my agent, then I appoint the following person to act in this capacity:

(Full Name, Address, and Telephone Number of Back-up Agent)

2. My agent has full power and authority to make health care decisions for me, including the power to:
- A. Request, receive, and review any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records, and consent to disclosure of this information;
 - B. Employ and discharge my health care providers;
 - C. Authorize my admission to or discharge from (including transfer to another facility) any hospital, hospice, nursing home, adult home, or other medical care facility; and
 - D. Consent to the provision, withholding, or withdrawal of health care, including, in appropriate circumstances, life sustaining procedures.

3. The authority of my agent is subject to the following provisions and limitations:

4. If I am pregnant, my agent shall follow these specific instructions:

5. My agent's authority becomes operative (*initial only the one option that applies*):

_____ When my attending physician and a second physician determine that I am incapable of making an informed decision regarding my health care; or

_____ When this document is signed.

6. My agent is to make health care decisions for me based on the health care instructions I give in this document and on my wishes as otherwise known to my agent. If my wishes are unknown or unclear, my agent is to make health care decisions for me in accordance with my best interest, to be determined by my agent after considering the benefits, burdens, and risks that might result from a given treatment or course of treatment, or from the withholding or withdrawal of a treatment or course of treatment.

7. My agent shall not be liable for the costs of care based solely on this authorization.

By signing below, I indicate that I am emotionally and mentally competent to make this appointment of a health care agent and that I understand its purpose and effect.

(Date)

(Signature of Declarant)

The declarant signed or acknowledged signing this appointment of a health care agent in my presence and, based upon my personal observation, appears to be a competent individual.

(Witness)

(Witness)

(Signatures and Addresses of Two Witnesses)

ADVANCE DIRECTIVE

PART B
HEALTH CARE INSTRUCTIONS

(Optional Form)

(Cross through this whole part of the form if you do not want to use it to give health care instructions. If you do want to complete this portion of the form, **initial** those statements you want to be included in the document and **cross through** those statements that do not apply.)

If I am incapable of making an informed decision regarding my health care, I direct my health care providers to follow my instructions as set forth below. (**Initial** all those that apply.)

1. If my death from a terminal condition is imminent and even if life-sustaining procedures are used there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

2. If I am in a persistent vegetative state, that is, if I am not conscious and am not aware of my environment nor able to interact with others, and there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

3. If I have an end-stage condition, that is, a condition caused by injury, disease, or illness, as a result of which I have suffered severe and permanent deterioration indicated by incompetency and complete physical dependency and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food and water by mouth, I wish to receive nutrition and hydration artificially.

4. _____ I direct that, no matter what my condition, medication to relieve pain and suffering not be given to me if the medication would shorten my remaining life.

5. _____ I direct that, no matter what my condition, I be given all available medical treatment in accordance with accepted health care standards.

6. If I am pregnant, my decision concerning life-sustaining procedures shall be modified as follows:

7. I direct *(in the following space, indicate any other instructions regarding receipt or nonreceipt of any health care)*:

_____ By signing below, I indicate that I am emotionally and mentally competent to make this Advance Directive and that I understand the purpose and effect of this document.

(Date)

(Signature of Declarant)

The declarant signed or acknowledged signing these health care instructions in my presence and, based upon my personal observation, appears to be a competent individual.

(Witness)

(Witness)

(Signatures and Addresses of Two Witnesses)

LIVING WILL
(Optional Form)

If I am not able to make an informed decision regarding my health care, I direct my health care providers to follow my instructions as set forth below. (*Initial* those statements you wish to be included in the document and *cross through* those statements which do not apply.)

A If my death from a terminal condition is imminent and even if life-sustaining procedures are used there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that, even in a terminal condition, I be given all available medical treatment in accordance with acceptable health care standards.

B. If I am in a persistent vegetative state, that is, if I am not conscious and am not aware of my environment nor able to interact with others, and there is no reasonable expectation of my recovery:

_____ I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.

_____ I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

_____ I direct that, even in a terminal condition, I be given all available medical treatment in accordance with acceptable health care standards.

C. If I am pregnant, my decision concerning life-sustaining procedures shall be modified as follows:

STATE OF MARYLAND
ADVANCE DIRECTIVE

By signing below, I indicate that I am emotionally and mentally competent to make this Living Will and that I understand its purpose and effect.

(Date)

(Signature of Declarant)

The declarant signed or acknowledged signing this Living Will in my presence and, based upon my personal observation, the declarant appears to be a competent individual.

(Witness)

(Witness)

(Signatures and Addresses of Two Witnesses)

ORGAN DONATION ADDENDUM

[Note: If you want to be an organ donor, you can attach this page to your living will or advance directive. Sign it and have it witnessed.]

Upon my death, I wish to donate:

_____ Any needed organs, tissues, or eyes.

_____ Only the following organs, tissues, or eyes:

I authorize the use of my organs, tissues, or eyes:

- _____ for transplantation;
- _____ for therapy;
- _____ for research;
- _____ for medical education;
- _____ for any purpose authorized by law.

I understand that before any vital organ, tissue, or eye may be removed for transplantation, I must be pronounced dead. After death, I direct that all support measures be continued to maintain the viability for transplantation of my organs, tissues, and eyes until organ, tissue and eye recovery has been completed.

I understand that my estate will not be charged for any costs associated with my decision to donate my organs, tissues, or eyes or the actual disposition of my organs, tissues, or eyes.

By signing below, I indicate that I am emotionally and mentally competent to make this organ donation addendum and that I understand the purpose and effect of this document.

(Date)

(Signature of Declarant)

The declarant signed or acknowledged signing this organ donation addendum in my presence and based upon my personal observation appears to be a competent individual.

(Witness)

(Witness)

(Signature of Two Witnesses)

PLANNING YOUR FUNERAL SERVICE

A WAY TO EXPRESS YOUR VALUES



“I AM THE RESURRECTION AND THE LIFE, SAITH THE LORD; HE THAT BELIEVETH IN ME, THOUGH HE WERE DEAD, YET SHALL HE LIVE; AND WHOSOEVER LIVETH AND BELIEVETH IN ME SHALL NOT DIE.”

JOHN 11:25

The Christian faith calls us to witness, even in death, the new life that God gives in Christ through his death and resurrection.

We have prepared this booklet to help you and your family prepare in advance. It will enable your family and the parish clergy to understand your wishes and preferences. The clergy will help plan the service and will stand ready to assist in any way.

Christian burial is marked by three characteristics. First and foremost, it is an act of worship wherein we glorify God for the gift of eternal

life in Jesus Christ, our Lord. Second, it is a time when members of the Body of Christ gather to comfort one another and to offer mutual assurance of God’s abiding love. Third, it is a liturgy of celebration whereby we give thanks for a deceased loved one and commend that person to the care of Almighty God.

The earliest records of Christian burial tell us that the following elements were included:

- Prayer in the home before the burial
- A gathering of the community for a burial

service, consisting of thanksgivings, psalms, hymns, readings from Scripture, and prayers for the departed and those who mourn

- Celebration of the Holy Eucharist
- A procession of lights and torches to the place of burial
- The interment of the remains

As part of the preparation for Christian burial, it is suggested that you talk with your clergy. It is also of great benefit to read about the service in *The Book of Common Prayer* (BCP, 468–507).

The rubrics on these pages are of particular interest. It is also recommended that people familiarize themselves with the prayers for “Ministration at the Time of Death” (BCP, 462–467).

MY FUNERAL INSTRUCTIONS

Final directions and instructions upon the death of

_____ (Full Name)

_____ (Date)

File this information where it will be found easily upon your death. It is suggested that you file this with your local church or your attorney and notify your heirs that this form has been completed for their information.

_____ (Full Name)

_____ (Spouse's Full Name)

_____ (Street Address, PO Box, and/or Apartment #)

_____ (Street Address, PO Box, and/or Apartment #)

_____ (City) _____ (State)

_____ (Zip Code)

_____ (City) _____ (State)

_____ (Zip Code)

_____ (Date of Birth)

_____ (Date of Birth)

_____ (Place of Birth)

_____ (Place of Birth)

_____ (Date of Baptism)

_____ (Date of Baptism)

_____ (Father's Full Name)

_____ Living Yes No
(Date/Place of Birth)

_____ (Mother's Full Name)

_____ Living Yes No
(Date/Place of Birth)

(Occupation)

(Employer)

_____-_____-_____
(Social Security Number)

(Date of last executed Will)

(Location of Will)

(Executor's name and address)

Names, addresses, and telephone numbers of living brothers and sisters:

(Full Name) (Street Address, PO Box, and/or Apartment #) (City/State/Zip Code) (Phone Number)

Names, addresses, and telephone numbers of persons to notify upon my death:

Attach additional pages if necessary.

(Full Name) (Street Address, PO Box, and/or Apartment #) (City/State/Zip Code) (Phone Number)

MY BURIAL INSTRUCTIONS

Please fill out this form and return it to the parish secretary in the church office.

(Full Name)

(Please Print)

(Street Address, PO Box, and/or Apartment #)

(City/State/Zip Code)

The Episcopal tradition is that church members are normally buried from the church. The Prayer Book indicates the body is to be present, although a memorial service without the body may be held. The coffin is closed and is always covered by a pall, which the church will provide.

1. I request that my service be conducted at _____
(Name, City and State of Church)

_____ or
at _____. The rector or clergy of
said congregation shall be in charge of the services.

* * * * *

2. **The Burial of the Dead** (the funeral service) is a series of psalms, lessons, prayers.
Holy Communion with special propers (i.e., Collect, Epistle, and Gospel) may be included.

I request (check one):

The Burial of the Dead with Holy Communion (body or urn present)

Rite I (BCP, page 469)

Rite I (BCP, page 323)

Rite II (BCP, page 491)

Rite II (BCP, page 355)

The Burial of the Dead (body or urn present)

Rite I (BCP, page 469)

Rite II (BCP, page 491)

A Memorial Service (body or urn not present)

3. Other arrangements as follows:

(Contact parish secretary)

(Altar flowers)

(Musicians)

(Ushers)

(Pall bearers)

(Speakers [if desired])

* * * * *

4. I request that the following Scriptures be read:

Old Testament (choose one)

- Isaiah 25:6-9 (He will swallow up death in victory)
- Isaiah 61:1-3 (To comfort all that mourn)
- Lamentations 3:22-26, 31-33 (The Lord is good unto them that wait for him)
- Wisdom 3:1-5, 9 (The souls of the righteous are in the hand of God)
- Job 19:21-27a (I know that my Redeemer liveth)

Psalms 42 46 90 121 130 139

New Testament (choose one)

- Romans 8:14-19, 34-35, 37-39 (The glory that shall be revealed)
- 1 Corinthians 15:20-26, 35-38, 42-44, 53-58 (Raised in incorruption)
- 2 Corinthians 4:16-5:9 (Things which are not seen are eternal)
- 1 John 3:1-2 (We shall be like him)
- Revelation 7:9-17 (God shall wipe away all tears)
- Revelation 21:2-7 (Behold, I make all things new)

Psalms 23 27 106 116

Gospel (must be included if Holy Communion is celebrated)

- John 5:24-27 (He that believeth hath everlasting life)
- John 6:37-40 (All that the Father giveth me shall come to me)
- 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 mansions)

* * * * *

5. I request that the following hymns be sung: _____

_____ Music should be confident and strong, expressing the hope and faith that Christians affirm in the presence of death. The congregation should participate fully by praying, singing the hymns, and joining the responses. Easter hymns are especially appropriate. The Easter hymns are (#174-213) in the 1982 Hymnal. Also suggested are the hymns for Holy Communion (#300-347), the burial (#354-358), and #287, 376, 410, 556, 613-625, 637, 671, 680, and 688.

* * * * *

6. I prefer to be:

Buried—location of cemetery plot deed, crypt deed, columbarium contract

Coffin specifications:

Least expensive Mid-range Elaborate

Cremated:

Before Funeral After Funeral

Ashes may be placed in _____. (These niches may be purchased in advance.) Please contact the parish secretary.

Donate entire body or certain organs:

(See Organ Donation Form)

Arrangements have been made

Please make appropriate arrangements

Comments _____

Place of interment _____

Full address _____

* * * * *

7. I prefer the following funeral home: _____;
however, my family or attorney may make this decision.

I do I do not wish to have my coffin open at the funeral home.

In lieu of flowers, I request that donations be made in my name to:

or for [SPECIFY]:

or to:

(Name of Institution or Charity)

(Full Address)

Please return to: Parish Secretary

(Name of church)

(Address)

(Telephone)

* * * * *

8. Other information for my survivors:

Signature _____ Date _____

Be sure to keep a copy of your completed form for your own records.

PREPARING TO WRITE YOUR WILL

AN ESTATE PLAN THAT REFLECTS YOUR VALUES

Writing a will is a loving and responsible act for the sake of your family. Here are a few helpful suggestions on how to prepare to write your will.

BEFORE SEEING AN ATTORNEY...

- Make a list of everyone for whom you are responsible.
- List everyone that you would like to remember in your will.
- List all of your material assets.
- After subtracting your debts, match the names with the assets or consider giving a portion of your total estate to each individual. Take care of your family first. This is also the time to consider special friends and your church.
- Consider establishing a trust if your estate is large enough. (See our Charitable Remainder Trusts kit.)
- Ask your chosen estate administrator (sometimes called executor/executrix) if he or she is willing to serve.
- Consult with the people you select as guardians of your children (where minor children are involved).
- Talk with your priest to explore the ministries of the church that could best be funded with a gift from your will.

BEQUESTS IN YOUR WILL

CAN TAKE SEVERAL FORMS ...

- An outright monetary bequest.
- A percentage of an estate.
- A specific asset, such as personal or real property.
- A trust created in a will.
- A contingent beneficiary, i.e., the church receives the assets if there are no surviving beneficiaries.

Note: A bequest to the church is deductible from the value of your estate for tax purposes.

AFTER MAKING YOUR WILL ...

- Make sure someone knows where your will is located.
- Do not place funeral instructions in a safe-deposit box. Generally, services will be over by the time your administrator checks your bank box. Instead, leave a copy of your funeral plans and wishes with your priest and a member of your family.
- Review your will from time to time with your legal advisor. Laws, assets, and personal interests often change over time.

Preparing to write a will is an act of love for your family and friends, a way of easing the pain of loss that follows death. It is also your final legacy.

INCLUDING A CHRISTIAN PREAMBLE

A Christian preamble to your will provides a significant opportunity to share your faith with family and friends. Through this personal statement of your faith, an important message will be delivered to those who love and know you best. This message of faith comes at a time of grief and loss and serves as a reminder to them to place their trust in Jesus Christ as you have. Remember, this may be the last document they read about you, their loved one.

As you, together with your attorney, prepare your Will/Estate plan, give prayerful consideration to adding a Christian preamble such as:

*I _____,
of the City of _____,
County of _____, and
State of _____,
being of sound mind and memory and being under no
restraint, do make, declare and publish this my last will
and testament, hereby revoking all wills and codicils
heretofore made by me.*

*In thanksgiving to God for the gifts of life given in
baptism, and for the many blessings God has showered
upon me; and in thanksgiving to God for the gifts
of faith and hope through Jesus Christ; and in
thanksgiving to God for the gifts of nurture and love
through the Church where we have shared faith and
fellowship; I now commend my loved ones to grow in
this same faith, being true to their own baptisms,
knowing that God will continue to provide
for them in their lifetimes; I encourage them to place
their faith and trust in our Lord and Savior.*

I know, therefore ...

[The particulars of the will would follow, leaving gifts to family and friends, but also an articulation of the gifts you might leave to the various ministries of the Church].

You may also want to use the following language for your gifts to support various ministries of the Church.

*I faithfully respond with a decision to establish the
[insert the name of the fund, such as your own]
Memorial Endowment Fund.*

*The fund is an expression of my thanksgiving and
stewardship with the hope that the ministries of Jesus
Christ will be strengthened and extended in the life of
the Church.*

*The fund assets are to be invested and reinvested in
perpetuity by the Endowment Fund of the Episcopal
Church Foundation (ECF) according to the
prevailing policies for endowment management.
The periodic distribution of the fund is to be used to
support ministry(ies) in the following manner.
[Here you would stipulate which ministry(ies)
would receive an annual gift from your
Memorial Endowment Fund.]*

Your attorney may also need the following official language for gifts to the ECF. All gifts to whatever ECF ministry can be left to "the Episcopal Church Foundation, a New York, non-profit organization, located at 815 Second Avenue, New York, NY 10017." All bequests should be made to and sent to the attention of the Episcopal Church Foundation.

Adapted with special thanks to the Evangelical Lutheran Church in America.

SAMPLE FORMS OF BEQUEST

Specific Amount:

I, _____, hereby give, devise, and bequeath to the Rector, Wardens, and Vestry of Your Episcopal Church, 123 Main Street, Anywhere, MyState, 00000, the sum of \$XX,XXX to be used at their discretion to assist in the ministries of the Church.

* * * * *

Percentage Amount:

I, _____, hereby give, devise, and bequeath to the Rector, Wardens, and Vestry of Your Episcopal Church, 123 Main Street, Anywhere, MyState, 00000, XX% of the rest, residue, and remainder of my estate, to be used at their discretion to assist in the ministries of the Church.

* * * * *

Contingency Bequest:

In the event the beneficiaries of bequests and devises herein predecease me, or, in the case of institutions, cease to be organizations described in section 501(c)(3) of the Internal Revenue Code, I, _____, hereby give, devise, and bequeath to the Rector, Wardens, and Vestry of Your Episcopal Church, 123 Main Street, Anywhere, MyState, the rest, residue and remainder of my estate, to be used at their discretion to assist in the ministries of the Church.

* * * * *

INFORMATION NEEDED FOR MAKING A WILL

1. Full Legal Name

(Name) (Date of Birth) (Social Security Number)

(Street Address, PO Box, and/or Apartment #) (County)

(City) (State) (Zip Code) (Email Address)

(Armed Forces Date of Service) (Discharge Certificate Location)

(Serial Number)

Marital Status: Single Married Divorced Remarried Separated Widowed

2. Do you have a Will? Yes No (If no, go to Family Information)

3. Since making your last Will, have you:

- | | | |
|--|------------------------------|-----------------------------|
| Moved to another state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sold or bought property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Celebrated the birth of a child or grandchild? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Changed your marital status? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Changed your mind about your personal representative (executor)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Changed your mind about the guardian for your child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Done family financial and charitable gift planning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer is yes to any of the above, your Will may need to be updated. Complete the following questions, then consult with your attorney.

FAMILY INFORMATION

1. Legal Name of Spouse

(Name) (Date of Birth) (Social Security Number)

(Street Address, PO Box, and/or Apartment #) (County)

(City) (State) (Zip Code) (Email Address)

Does your spouse have a Will? Yes No

2. Children

List your children, including those legally adopted.

(Full Name) (Street Address, PO Box, and/or Apartment #) (City/State/Zip Code) (Date of Birth)

3. Other Dependents

4. Other Loved Ones

5. Person(s) to be the Guardian(s) of My Child (ren)

(Name) (Telephone)

(Street Address, PO Box, and/or Apartment #)

(City) (State) (Zip Code)

(Name) (Telephone)

(Street Address, PO Box, and/or Apartment #)

(City) (State) (Zip Code)

6. Executor

Person(s) to be the personal representative of my estate.

(Name) _____
(Telephone)

(Street Address, PO Box, and/or Apartment #)

(City) _____
(State) _____
(Zip Code)

(Name) _____
(Telephone)

(Street Address, PO Box, and/or Apartment #)

(City) _____
(State) _____
(Zip Code)

7. Location of My Records

(Will)

(Living Will)

(Birth Certificate)

(Social Security Card)

(Tax Records)

(Safe-Deposit Box and Key)

(Insurance Policies)

(Durable Power of Attorney)

(Durable Power of Attorney for Healthcare)

(Funeral Directions)

8. Beneficiary Information

(Persons, Parish/Mission, or charitable associations you wish to thank for being part of your life.)

(Name)

(Name)

(Name)

(Residual Beneficiary—The final or residual beneficiary receives what is left over after all other bequests have been paid according to your Will. Please consider naming your Parish/Mission or the Episcopal Church Foundation as a residual beneficiary.)

FINANCIAL INFORMATION

1. Present Annual Income

Salary \$ _____
Investment Income \$ _____
Other \$ _____
TOTAL \$ _____

2. Property

Real Estate

(Description and Location) (Original Cost) (Present Market Value) (Amount of Mortgage)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

3. Notes and Mortgages

(Name of Debtor) (Description) (Amount) (Interest Rate) (Rate of Payment)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

4. Leases

- 1. _____
- 2. _____
- 3. _____

5. Bank Accounts/Savings Institution Accounts/Other Income-Producing Accounts

(Name of Institution) (Type) (Account Number)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

6. Stocks

(Corporation)	(# of Shares)	(Original Cost)	(Market Value)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

7. Insurance Policies

(Company)	(Policy #)	(Face Value)	(Cash Value)
1. _____			
2. _____			
3. _____			
4. _____			

8. Other Assets

(Description)	(Location)	(Cost)	(Present Value)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Notes

PLANNING FOR THE FUTURE

1. Monthly Expenses

Mortgage/Rental	\$ _____
Insurance	\$ _____
Utilities	\$ _____
Taxes	\$ _____
House expenses and repairs	\$ _____
Auto expenses	\$ _____
Clothing and personal care	\$ _____
Education	\$ _____
Pledge and charitable gifts	\$ _____
Birthdays/Holidays/Allowances	\$ _____
Medical and Dental	\$ _____
Vacation and Recreation	\$ _____
Other	\$ _____
Total	\$ _____

2. Projected Retirement Income

	Estimated Amount	Continues to spouse		
		Yes	No	Half
Social Security	\$ _____	_____	_____	_____
Pension Plans	\$ _____	_____	_____	_____
Charitable Trusts	\$ _____	_____	_____	_____
Stock Dividends	\$ _____	_____	_____	_____
Gift Annuities	\$ _____	_____	_____	_____
Pooled Income Fund	\$ _____	_____	_____	_____
Mortgages	\$ _____	_____	_____	_____
Royalties	\$ _____	_____	_____	_____
Other (describe below)	\$ _____	_____	_____	_____

Total	\$ _____			

3. Advisors

(Name)

(Full Address)

Accountant _____

Attorney _____

Banker _____

Banker _____

Broker _____

Insurance Agent _____

Priest _____

Trust Officer _____

Notes

The All Saints' Legacy Society

Enrollment Form

The All Saints' Legacy Society honors individuals who make an investment in future ministry by including a congregation, the Diocese of Maryland, or other Episcopal institution in their estate plans or through life income gifts to a donor designated fund.

I (We) accept the invitation to join the ***All Saints' Legacy Society*** of the Episcopal Diocese of Maryland.

Name(s): _____

Address: _____

Phone & Email: _____

Congregation: _____

On the roll of the All Saints' Legacy Society, I (we) wish my (our) name(s) to appear as: _____

Signed: _____ Date: _____

I consent for my (our) name(s) to appear with others on the public roster of the Society.

I (We) wish to remain anonymous.

Please return this form to the Development Office of the Episcopal Diocese of Maryland

Thank you very much!

Your gift will be a blessing to many.



The Episcopal Diocese of Maryland
4 East University Parkway
Baltimore, Maryland 21218
Tel: 1-800-443-1399
Fax: 410-554-6387