

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



POST MORTEM INSTRUCTIONS

Naming an Executor

specifically for After-Death Care and Funeral Arrangements

upon my death, or my dependent's, or other for whom I am legally tied, who have not already specified.

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

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

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

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

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

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

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

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

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POST MORTEM DISPOSITION OF MY BODILY REMAINS UPON MY DEATH

Be it known to all parties that I, _____
am an Orthodox Christian and wish that my remains be treated in a traditional Orthodox Christian
manner.

I hereby authorize (Name) _____

(Address) _____

(Phone #s) _____

as my Burial Executor with sole discretion to make any and all arrangements for the care and disposi-
tion of my bodily remains after my death. Should he/she pre-decease me, or for any other reason be
unable to fulfill this responsibility, I designate and authorize (Name)

(Address) _____

(Phone #s) _____

to make any and all arrangements regarding the care and disposition of my bodily remains upon my
death. Absolutely NO AUTOPSY shall be performed unless required by law.

I AM I AM NOT an organ donor.

Neither doctors, hospitals, nursing homes, hospice, coroner nor any other person or entity in whose
care I may be, has any authority to make any arrangements, including calling a funeral home, for any
reason, before contacting the person(s) named above to be advised of my wishes concerning the
disposition of my bodily remains after my death. The above-named parties should be contacted
promptly if death is imminent or expected.

Signature _____ Date _____

SEAL

Witness _____ Date _____

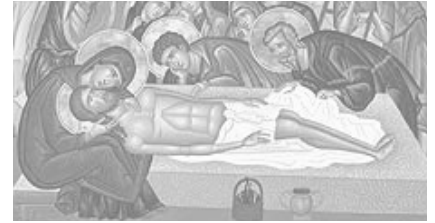
SEAL

Notary _____ Date _____

SEAL

My commission expires: _____

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Completing Burial and Funeral Care Instructions

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

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

The information provided here will inform him or her of:

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

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

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

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

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

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

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Pre-arranged Burial and Funeral Instructions for

Name: _____

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

These people hold a copy of my Funeral Instructions:

Name _____ Phone: _____

Name _____ Phone: _____

Name _____ Phone: _____

Name _____ Phone: _____

Date: _____

Signature: _____

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Burial and Funeral Care Instructions

My Legal Name: _____

Name: _____

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

Address: _____

Home Phone: _____ Birth Date: _____

Birth Place: (City, State, Country if not US) _____

Work Phone: _____ Occupation(s): _____

Marital status: Single _____ Married _____ Widowed _____ Divorced _____

Father's Name: _____

Mother's Maiden Name: _____

Executor: _____

Relationship: _____ Address: _____

Phone: _____

Nearest Relative: _____

Relationship: _____ Address: _____

Phone: _____

Legal Guardian of Minor Children: Name: _____

Address: _____ Phone: _____

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I, *(full name)* _____

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

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

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

I prefer some mortuary involvement as indicated:

(Mortuary name) _____

Details of involvement:

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

Embalming? YES NO

Burial Clothing: 1st & 2nd preference:

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

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

Preferred Cemetery or Burial Site (*Name*) _____

Location: _____

Cemetery Arrangements made: YES NO Paid? YES NO

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

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

I desire a graveliner YES NO Open*: bottom or top Vinyl or Concrete

I desire a Full concrete Vault YES NO

**Depending on flood plain etc., the cemetery may dictate open top or bottom.*

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

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Preferred Inscription on Marker:

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

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

Other plans my family or I may need to make for:

- Who will Notify relatives—see my attached contact list, which may or may not be complete or fully up to date at the time of death, but should be a starting point
- My Casket Preference: Purchased: (Biodegradable/Jewish Style)
Handmade by: _____ none *check local & state requirements*
- Who will write and publish an obituary: mortuary, burial society, family, other
- Who will notify cemetery & get details on not using full vault, only a ‘liner’ so the casket is in contact with the earth.
- Who will Transport Body to mortuary or the church (mortuary, Burial Society, family)
- Who will Transport body to cemetery: (mortuary, Burial Society, family)
- Who will Obtain and install grave marker: church Family/Executor other(specify)
- Flowers for the funeral & to place into grave
- If a Veteran, how to get special grave marker and other benefits such as military honor guard

Other Services which may be needed

- Temporary childcare Or senior care if deceased is a caregiver:
- Interim care of pets
- Temporary Housing arrangements for relatives
- Administrative details

Filing death certificate: *Mortuary , or Executor*

Filing Probate: Executor

Getting copies of death certificate to appropriate entities: insurance companies, funeral home, Social Sec., Veterans, etc. (scanned copies are often okay)

- Cancelling subscriptions, memberships, etc.

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I have granted power-of-attorney to:

I have attached information for my obituary: YES NO

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

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

Executors _____ other (specify) _____

I have previously filed instructions for funeral arrangements: YES NO

If YES: They are located: _____

Any previous instructions supplement this form: YES NO

Previous instructions are hereby cancelled: YES NO

Payment for funeral costs I Has already been made to _____

Receipts and pertinent papers are located: _____

All should be paid from my estate.

I desire and direct. that any savings on funeral expenses due to Church or funeral society involvement be donated to: _____

I hereby request and appoint: _____

carry out my instructions to the best of his/her ability. In his/her absence, I request _____ carry out my instructions.

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

My Signature: _____

Witness: _____ SEAL

Witness: _____ SEAL

Witness: _____ SEAL

Subscribed and sworn to before me by _____ and _____

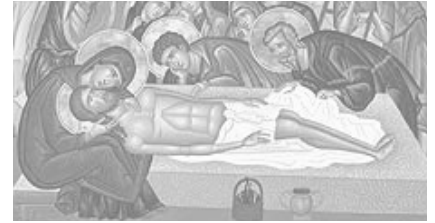
each of whom is known to me personally, this _____ day of the month of _____ in the year of _____.

My commission expires: _____

SEAL

NOTARY PUBLIC

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Confidential
Important Documents and Locations (*optional*)

Name:

Social Security #

Banking:

Name of Bank(s)
Address(s)
Account Nos.
Other Accounts/Account No

Safe Deposit Box Location:
Location of keys

Other Accounts : Brokerage, Retirement, IRA, 401 K

LOCATION OF:

Birth Certificate
Children's Birth Certificates
Marriage Certificate
Deeds and Titles
Mortgages and Notes
Last Will and Testament
Military Discharge
Income tax records
Insurance Information
Insurance Policy Information
 Company
 Policy #
 Name of Insured
 Beneficiary
Veterans Benefits: YES NO
Location of house keys
Safe combination etc.
My Attorney is
 Address
 Phone
My Accountant is
 Address
 Phone
 State Zip

Additional Information

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Advance Directives and Living Wills

In addition to planning for funeral and burial details, you may want to create a Living Will that legally indicates the level and type of care you desire to receive in the event of serious illness or injury causing incapacitation or when nearing the end of life. Additionally, you may want to legally declare a Medical Power of Attorney that would make health decisions compatible with your Orthodox faith, should you become unable to do so for yourself.

Advanced Directive and Living Wills can be done even in the prime of life, “just in case” some situation would arise that it might be needed. A person can change or cancel them at any time as long as the patient is still competent. So there is no need to worry that one would not be given care that might be needed if you have signed a Living Will.

There are a number places to find more information on this, even some with Orthodox perspective.

⇒ **OCAMPR:** Orthodox Christian Association of Medicine, Psychology, and Religion is a group that specializes in looking at these health issues from an Orthodox perspective:

<http://ocampr.org/ministries/advanced-directives/>

⇒ **Fr. Thomas Hopko** on Living Wills etc. is an interview done by St. Vladimir’s Seminary

<http://www.svots.edu/content/orthodox-christian-perspective-living-willhealth-care-proxy>

⇒ **The Orthodox Church in America- (OCA)** speaks of these issue at this website:

<https://oca.org/parish-ministry/senior/health-decisions-the-value-of-advance-directives>

To Summarize: Orthodox Faith opposes any kind of euthanasia, or acts that are undertaken to end one’s life. But terminal or palliative care which includes pain management and “comfort measures” is morally appropriate. Orthodox ethicists do affirm that in cases of end-stage terminal illness, withdrawal of life support equipment can be viewed as compassionate. In terms of brain-death, this action can become a moral imperative, as the person is no longer alive in any religiously significant way, even though heart function, breathing, even food and hydration can be sustained almost indefinitely.

⇒ **The Greek Orthodox Archdiocese of America**– uses the “**5 Wishes**” program. While not Orthodox itself, it does incorporate some unique elements such as forgiveness.

Wish 1: names a Medical Power of Attorney. Wish 2: A Living Will indicating type & timing of life support treatment. Both are legal documents that meet the legal requirements for an advance directives in Colorado. Wishes 3, 4, and 5 are unique to Five Wishes, in that they address matters of comfort care (Wish 3), spirituality, forgiveness (Wish 4), and final wishes(Wish 5). *Note: Wish 5 is not as detailed as the funeral & burial materials supplied by the St. Nicodemus Burial Society of Northern Colorado.*

⇒ **MOST**– **M**edical **O**rders for **S**cope of **T**reatment is a unique bright green form recognized by all Colorado emergency teams so should be posted prominently in the home if a seriously ill person resides there—and in the records of the local hospital systems.

<http://coloroadvancedirectives.com/links-and-downloads/medical-orders-for-scope-of-treatment-most-in-colorado/>

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⇒ **Colorado Advanced Directives**– this website is also meant specifically for Coloradoans.
www.coloroadvancedirectives.com

DNR's A "Do Not Resuscitate Order" (DNR) is an advance directive which instructs the physician not to attempt resuscitation if the patient is found to be not breathing or heart not beating. Resuscitation is a series of emergency treatments (artificial respiration, chest compression (CPR), electric shocks to the heart, etc.) used to try to restart the heart or breathing. If it is not performed, a person without a heartbeat will die in a matter of minutes. After successful resuscitation a person will usually require life support machinery (such as a ventilator) for some time afterward. Resuscitation efforts are effective and make sense for many people with reversible conditions such as heart attacks, accident or poisoning victims, but in certain cases such as patients with advanced cancer or general feebleness, it may only serve to prolong the dying process.

Regardless of the program you choose, a periodic review of your wishes is also advised as you age. As mentioned above, a young person would likely desire CPR to be preformed by emergency teams, if indicated. However, in the feeble or very elderly, CPR can cause more pain and suffering since it is not uncommon for it to cause breakage of ribs and also puncture of a lung when performed on the elderly. So often a NO CPR order is requested for the elderly. Families often insist that foods be forced or an IV be given to their loved one whose body has begun to shut down. This actually violates the 'comfort' request since it causes much pain to the person who is unable to digest any longer. Eventually even IV fluids cause much pain and pressure. So having a directive that insists on 'comfort only' care can be a great mercy and prevent well meaning persons from actually causing pain.