

My Wishes for Being Cared for and Remembered

Thank you for sharing your wishes for personal, spiritual, and emotional care at the end of life, as well as how you want to be remembered through a memorial or funeral service. While making arrangements for your time of death is not an easy task, it is helpful to friends and family, pastors, and others who will carry out your intentions. It also can bring peace of mind as you make clear your intentions for earth burial, cremation, memorial contributions, choice of a funeral home, and more.

This is not a legally binding agreement and should not be construed as one.

Rather, it is a statement of preferences and desires, intended to guide pastors, church musicians, family, and friends who may be caring for you or planning a memorial for you. An attorney can assist you with legal documentation.

Fourth Church keeps a confidential file of such intentions to assist the families of its members. We invite you to complete as much as you find helpful. Keep a copy for yourself, provide copies to loved ones, and provide a copy to Fourth Church. To update this document, simply provide the church with a new form.

You may also reach out to a pastor or member of Caring Ministries and we can complete this together.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of birth: _____ Place of birth: _____

Date of creation: _____ Signature: _____

End of Life Care

Living Will

A “Living Will” or similar document can make doctors, nurses, and family members aware of your desires. “Five Wishes” program is legally recognized in Illinois, and allows you to name your preferences and a Health Care Agent. Forms can be completed at fivewishes.org and, if you wish, shared with us.

Optional:

To offer additional guidance for how the church should support you at the end of life, you may wish to share Bible passages, hymns, or devotions you find most comforting:

If there’s anything we should know about how to best support family members or friends who may be at your bedside, please indicate that here:

Contacts:

At the time of your death, whom should the church contact?

Name: _____ Relationship: _____

Phone: _____ Email: _____

Are there others (such as children or other relatives/friends) whose names and numbers might be helpful for the church to have?

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Date of creation: _____ Signature: _____

Legal Information (optional)

This information will be important for your dependents; we can share it with them if they ask.

My attorney: _____

Phone: _____ Email: _____

Address: _____

The location of my will: _____

Executor of my will: _____

Location of my insurance policies and other valuable papers: _____

Any other legal information about which my survivors should know: _____

Decisions Regarding Your Physical Remains

Your family will be faced with many important decisions regarding your physical remains. This document is intended only to prompt discussion—to create a legal document, please speak with your attorney.

Illinois Legal Aid offers advice and templates:

illinoislegalaid.org/legal-information/wills-and-estates

illinoislegalaid.org/legal-information/planning-loss-health-or-life

Discussion topics include:

Do you wish your for your body to be given to a medical school for teaching purposes? Yes No

Do you wish to donate your eyes or other organs for transplantation? Yes No

Do you wish to have an autopsy if your family is requested to do so? Yes No

Do you wish to have your body cremated? Yes No

Funeral home preference, if any: _____

If you desire cremation, where do you want your ashes to reside? _____

If you will be buried, do you have a cemetery preference? _____

Plot, plot number, location of deed (if purchased in advance): _____

Date of creation: _____ Signature: _____

Memorials

Do you wish to have a funeral/memorial service? Yes No

If the service is to be at Fourth Church, where do you want the service?

Sanctuary Buchanan Chapel Stone Chapel

If the service is to be elsewhere, what is your preferred location? _____

If your wish is for a burial, do you anticipate a graveside service for family and close friends? Yes No

Are there particular Scripture passages, hymns, or other readings and music you would like your family to incorporate in your service?

Are there particular family members or friends who should participate in your service? Pastors who should be invited to participate?

If you wish to have memorial gifts given to a charity, please indicate to whom the gifts should be sent:

Name of charity: _____

Website (if known): _____

Address (if known): _____