

# End-of-Life Planning and Reference Guide

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A Resource for Spouses,  
Family and Loved Ones



This document has been adapted for the Archdiocese of Baltimore with acknowledgement to the Office of Marriage, Family & Respect Life of the Catholic Diocese of Sioux Falls.

This planning guide will help provide a blueprint of your personal affairs and wishes for your family to follow during a serious illness and after your death. Your loved ones will be asked to make important decisions on your behalf and the information compiled on these pages can help alleviate many of the concerns and sources of anxiety. It can also help ensure that your wishes for treatment and handling of your financial and funeral affairs are fulfilled.

Visit *In Joyful Hope* <http://www.injoyfulhope.org/> for more information, including an online edition of the booklet “*Comfort and Consolation – Care of the Sick and Dying*” from the Roman Catholic Bishops of Maryland, as well as prayers, Church teachings, articles, a sample Durable Power of Attorney for Healthcare, an online editable edition of this planning guide, and other resources.

This guide is not a legal document and does not constitute legal advice. Please contact an attorney to plan your estate and answer any legal questions. However, it would be wise to keep this document with your other legal documents in a safe and secure place.

The Archdiocese offers these services to assist in your efforts to make these essential plans for illness and death. We do not know the hour or the day when we will be called to the eternal life; let us plan in joyful hope.

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# Family Information

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NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip/Postal Code

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NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip/Postal Code

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NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip/Postal Code

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NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip/Postal Code

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NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip/Postal Code

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NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip/Postal Code

# Medical Information

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PRIMARY CARE PHYSICIAN:

Name \_\_\_\_\_ Phone \_\_\_\_\_

SPECIALIST CARE PHYSICIANS:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

DURABLE POWER OF ATTORNEY FOR HEALTHCARE:

Have you executed a Durable Power of Attorney for Healthcare (DPAHC)? Yes  No

(If no, please visit the referenced website and read the Maryland bishops' pastoral "Comfort & Consolation" for the reasons why a DPAHC is necessary. Please also note that a "Living Will" is not recommended.)

Date of DPAHC: \_\_\_\_\_

Attorney in Fact or "Agent":

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Attorney in Fact or "Agent":

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Locations of all DPAHC Documents (whether originally executed documents or copies)

\_\_\_\_\_  
\_\_\_\_\_

# Financial Information

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## BANK ACCOUNTS

Name of Bank	City or Town	Type of Account	Account Number
_____	_____	_____	_____

Title on Account	Value
_____	\$ _____

Name of Bank	City or Town	Type of Account	Account Number
_____	_____	_____	_____

Title on Account	Value
_____	\$ _____

Name of Bank	City or Town	Type of Account	Account Number
_____	_____	_____	_____

Title on Account	Value
_____	\$ _____

## SAFE DEPOSIT BOX

Name of Bank	Box Number	Location of Keys	Person(s) with Access
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____

## DEBTS (MORTGAGES, LOANS, CHARGE ACCOUNTS, CREDIT CARDS, ETC.)

Name and Address of Company	Account Number	Type of Account	Value
_____	_____	_____	\$ _____

_____	_____	_____	\$ _____
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_____	_____	_____	\$ _____
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_____	_____	_____	\$ _____
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_____	_____	_____	\$ _____
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_____	_____	_____	\$ _____
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_____	_____	_____	\$ _____
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_____	_____	_____	\$ _____
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**INSURANCES**

Type	Company Name	Agency	Policy Number	Value
_____	_____	_____	_____	\$_____

Beneficiary(s)	Owner
_____	_____

Type	Company Name	Agency	Policy Number	Value
_____	_____	_____	_____	\$_____

Beneficiary(s)	Owner
_____	_____

**PENSIONS OR RETIREMENT**

Source of Income	Account Number	Beneficiary	Death Benefit
_____	_____	_____	_____

Monthly Payment	Value
\$_____	\$_____

Source of Income	Account Number	Beneficiary	Death Benefit
_____	_____	_____	_____

Monthly Payment	Value
\$_____	\$_____

Source of Income	Account Number	Beneficiary	Death Benefit
_____	_____	_____	_____

Monthly Payment	Value
\$_____	\$_____

**INVESTMENT ACCOUNTS (MUTUAL FUNDS, STOCKS, BONDS, CDS, ETC.)**

Type	Company or Broker	Title on Account	Account Number	Value
_____	_____	_____	_____	\$_____
_____	_____	_____	_____	\$_____
_____	_____	_____	_____	\$_____
_____	_____	_____	_____	\$_____
_____	_____	_____	_____	\$_____
_____	_____	_____	_____	\$_____





# Legal Information

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Have you executed a Durable Power of Attorney for Financial Matters (DPAFM)? Yes  No

Date of Most Recently Executed DPAFM: \_\_\_\_\_

Attorney in Fact or "Agent":

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Attorney in Fact or "Agent":

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Locations of all DPAFM Documents (whether originally executed documents or copies)

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Have you executed a Will? Yes  No  Date of Will: \_\_\_\_\_ Location: \_\_\_\_\_

Have you executed a Trust? Yes  No  Date of Trust: \_\_\_\_\_ Location: \_\_\_\_\_

Personal Representative/Trustee:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Law Firm:

Name of Law Firm: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## Location of Important Documents

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Indicate on the lines the location of various important papers by inserting the following letters:  
**(H)** Home **(S)** Safe Deposit Box **(W)** Work **(A)** Attorney **(C)** Computer storage **(O)** Other (Specify)

\_\_\_\_\_ Will/Trust

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Marriage License

\_\_\_\_\_ Life Insurance Policies

\_\_\_\_\_ Health Insurance Policy

\_\_\_\_\_ Home Owners Insurance

\_\_\_\_\_ Automobile Insurance

\_\_\_\_\_ Citizenship Papers, if applicable

\_\_\_\_\_ Monthly Bills

\_\_\_\_\_ Military Discharge Papers

\_\_\_\_\_ Copy of Mortgage or Lease

\_\_\_\_\_ Deeds

\_\_\_\_\_ Automobile Title or Bill of Sale

\_\_\_\_\_ Certificate of Burial Rights

\_\_\_\_\_ Tax Returns

\_\_\_\_\_ List of Passwords

# Planned Giving

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Please consider a gift to your parish or the Archdiocese as a call to stewardship, seeing everything that we have and all that we are as coming from God as a precious gift. For more information, contact your parish or the Catholic Community Foundation website [www.ccfmd.org](http://www.ccfmd.org) or call 410-547-5431.

## Funeral Information

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A Catholic funeral is a response to death by celebrating the hope of eternal life with God in heaven. It can also raise many questions and considerations. The following is provided to help assist you in preparing for this celebration of your life.

List your funeral service wishes:

Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip/Postal Code

Have you prepaid for funeral services? Yes  No

Parish Name: \_\_\_\_\_ Preferred Funeral Mass Celebrant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip/Postal Code

Memorial donations may be made to: \_\_\_\_\_

Floral preference (type and color preferred): \_\_\_\_\_

Casket: \_\_\_\_\_ Open during wake \_\_\_\_\_ Closed during wake

Type of casket: \_\_\_\_\_ Wood \_\_\_\_\_ Metal \_\_\_\_\_ Cremation Coffin \_\_\_\_\_ Other: \_\_\_\_\_

If cremated, type of urn: \_\_\_\_\_ Wood \_\_\_\_\_ Bronze \_\_\_\_\_ Marble \_\_\_\_\_ Other: \_\_\_\_\_

Musical selections (please consult your priest for approval):  
\_\_\_\_\_

Desired Readings for the Liturgy of the Word (please consult your priest for approval):  
\_\_\_\_\_

Lector 1: \_\_\_\_\_ Lector 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Participating Organizations at Wake or Committal Service (military, fraternal, etc.):

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\_\_\_\_\_ *Rosary* \_\_\_\_\_ *Chaplet of the Divine Mercy* \_\_\_\_\_ Other Devotional \_\_\_\_\_ Specify

Visitation: \_\_\_\_\_ Public \_\_\_\_\_ Private

Clothing preference: \_\_\_\_\_ From current wardrobe \_\_\_\_\_ New \_\_\_\_\_ Other:

Description/Color: \_\_\_\_\_

Personal Accessories:

\_\_\_\_\_ Wedding band \_\_\_\_\_ Stays on \_\_\_\_\_ Returned to: \_\_\_\_\_

\_\_\_\_\_ Eyeglasses \_\_\_\_\_ Stays on \_\_\_\_\_ Returned to: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_ Stays on \_\_\_\_\_ Returned to: \_\_\_\_\_

Pallbearer's Names	Relationship	Contact Information
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Alternate/Honorary Pallbearer's Names	Relationship	Contact Information
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Other Special Instructions (on what to display, items to be placed in casket, etc.):

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## Cemetery Information

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Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip/Postal Code

\_\_\_\_\_ I already own a burial right of the following: \_\_\_\_\_ I do not own a burial right but prefer:

Type of burial rights: \_\_\_\_\_ Mausoleum \_\_\_\_\_ Lawn Crypt \_\_\_\_\_ Ground Burial \_\_\_\_\_ Columbarium

If owned, name of burial right holder is/are: \_\_\_\_\_

Description of burial rights: Lot \_\_\_\_\_ Section \_\_\_\_\_ Row \_\_\_\_\_ Block \_\_\_\_\_

Location of Easement: \_\_\_\_\_

When considering your grave be sure you have clear legal entitlement to the burial rights you wish to use. If the burial rights were originally purchased by a parent or grandparent, rights may be shared equally by others. A simple call or visit to the cemetery office can put your mind at ease and prevent any complications for your loved ones.

## Marker/Headstone

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\_\_\_\_\_ Upright Monument

\_\_\_\_\_ Other: \_\_\_\_\_

Inscription: \_\_\_\_\_

Emblem(s): \_\_\_\_\_

Please note that the marker/headstone must be in compliance with the cemetery guidelines.

Opening and closing or entombment fees: \_\_\_\_\_ Prepaid \_\_\_\_\_ To be determined

# Cremation

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Cremation is accepted by the Catholic Church. Preference is for the body to be at the funeral service and cremation can take place after the Mass. Cremated remains are to be buried or placed in a mausoleum or columbarium. Contact your preferred cemetery to see what is available.

If cremation, what type of disposition? \_\_\_\_\_ Burial \_\_\_\_\_ Mausoleum \_\_\_\_\_ Columbarium

# Obituary Information

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An obituary is important and meaningful to your loved ones and friends. Please consider including the following information:

Place of birth and early years of childhood:

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Surviving relatives and those who have pre-deceased you (additional pages may be added):

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Education:

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Hobbies and/or personal interests:

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Professional and work information:

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