



# In Life and Death We Belong to God: A Planning Guide

Macalester  Plymouth

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UNITED CHURCH

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*This guidebook was originally written by Reverend Rex Knowles in 1980, when he was the senior minister of Macalester Plymouth United Church. Members Chris and Laurie Kemp, Reverend Adam Blons, Kathy Kerr, Anne Elstrom Park, Anne Simpson, Karen Sletten, Rita Johnson and the Board of Deacons have updated it to help you plan for the end of life. (Revised November 2020)*

## **Introduction**

The end of life is a subject we don't like to talk about. But we want to let our families and friends know what is important to us at the end of our lives and we want to make it easier for them to follow our wishes and to express their own. So, this is a subject we need to discuss openly.

There are legal and medical and financial and emotional issues all wrapped up in a person's death. The goal of this booklet is to untangle them so that we can make responsible and reflective decisions for ourselves and our loved ones.

Many families are spread out across the country: parents, children and grandchildren, siblings. We may not know what our loved ones want. Our goal is to gather information at Macalester/Plymouth Church so that it is easily accessed and so that we can faithfully minister to families in times of grief and loss.

We invite church members to use this guide to assemble personal information, complete healthcare directives, and minister to one another. We hope for an ongoing discussion on this important subject.

Although we have tried to include the most recent information on forms, website addresses, and phone numbers, things inevitably change. You may want to double-check information, particularly if you are using the enclosed forms.

This guide is not intended to provide legal advice. For legal advice, please contact an attorney. Please note that your wishes need not be final and can be changed at your request. You will want to be sure that any necessary requirements have been met for any changes to take effect.

Information and forms in this guide are specifically for Minnesota residents. For residents of states outside of Minnesota, check with attorneys, departments, and/or agencies in those states for completion of requirements.

*In Life and Death We Belong to God: A Planning Guide* may be freely copied and shared.

# 1. Our Perspective on Life and Death: Making Plans Regarding Your Death

*For life and death are one, even as the river and the sea are one.*

—Kahlil Gibran

From our first breath, we enter the cycle of life, which includes death. While we are alive, we are called to live fully. In faith and in doubt, God’s love surrounds and sustains us.

Though we recognize that everyone dies, fear of death is still natural and challenging. We seek the assurance that we are safe in God’s care, yet we may struggle to understand what this means or even to accept its reality. It is a mystery we can only understand in part. Wherever you are on your journey in understanding and accepting this mystery, the church community loves you and believes God’s love is present in and transcends the love and support we offer each other.

End-of-life planning doesn’t have to wait for advanced age or a serious illness. At any age, you may find it creates a sense of peace to plan for end-of-life transitions, so that you may live more fully. We live knowing God’s love surrounds us and we will die knowing God’s love surrounds us.

Our lives change, as do our beliefs about life and death. If we avoid the fact of death despite its inevitability, we may come to death unprepared and suffering. When death comes, whether to us or someone we love, it brings a time of intense emotions. Being prepared for the end of life can ease both our personal anxieties and the burdens for those who love us.

*I am convinced that neither death nor life...nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord.*

—Romans 8:38-39

*Then the angel showed me the river of the water of life, as clear as crystal, flowing from the throne of God....*

—Revelations 22:1

The following pages provide basic information about your life, your family, and the plans that can provide support at the end of your life.

## ***Personal Information Form***

FULL LEGAL NAME \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Retired \_\_\_\_\_

Education High School \_\_\_\_\_ College/Degree \_\_\_\_\_

Graduate School/Degree \_\_\_\_\_

Military Dates of Service \_\_\_\_\_ Branch/Rank \_\_\_\_\_

Service number \_\_\_\_\_

Mother's maiden name \_\_\_\_\_ Her place of birth \_\_\_\_\_

Father's name \_\_\_\_\_ His place of birth \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

\_\_\_\_\_

Brothers/Sisters \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name

Address

Phone

Significant Others/Relatives

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Name	Address	Phone
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Church/Minister \_\_\_\_\_

Are pre-arrangements on file at the church? \_\_\_\_\_ If not, where filed? \_\_\_\_\_

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Attorney \_\_\_\_\_

Do you have a will? \_\_\_\_\_ Where filed? \_\_\_\_\_

Physician \_\_\_\_\_

Do you have a Healthcare Directive? \_\_\_\_\_ Where filed? \_\_\_\_\_

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Are you an organ donor? \_\_\_\_\_ Where is documentation filed? \_\_\_\_\_

Funeral Director \_\_\_\_\_

Are prearrangements on file? \_\_\_\_\_ Have payments been made? \_\_\_\_\_

Cremation? \_\_\_\_\_ Burial? \_\_\_\_\_ [Green: Y\_\_ N \_\_] Full-Body Donation? \_\_\_\_\_

Cemetery \_\_\_\_\_

Lot description Lot no. \_\_\_\_\_ Space no. \_\_\_\_\_ Section \_\_\_\_\_

Deed owner/ \_\_\_\_\_ Location of deed \_\_\_\_\_

## 2. End-of-life Care and Medical Treatment

End-of-life care can require many decisions. Sometimes families must decide when life should be allowed to end. You can help your family (and your physician and other medical caregivers) by preparing a Minnesota Healthcare Directive, suggested by state statute §145.C that allows you to make your wishes known regarding such questions as:

- Who should make healthcare decisions for you if you are incapacitated?
- What kinds of decisions do you want this person to make?
- Do you want to be placed on artificial life support systems when there is no reasonable hope of recovery?
- How do you feel about assisted breathing, feeding, cardiopulmonary resuscitation, dialysis?
- How important is pain control?
- Do you want to donate your organs, tissue, or other body parts?
- Do you want to donate your brain? If so, please note that brains are donated separately from other organs. Further information can be found at <https://neurobiobank.nih.gov/> and donations can be made at <https://braindonorproject.org/>
- Do you want your body to be cremated or buried?

The Minnesota Healthcare Directive became effective in its current form in 1998. It replaces earlier kinds of advance directives such as living wills and durable powers of attorney for healthcare. Putting your wishes in writing is the best way to help make sure your wishes will be known and followed—and it eases the burden on those who must make decisions on your behalf.

The following questions and answers are taken directly from the Minnesota Department of Health (October 2019) website and the Minnesota Board on Aging website. To be sure you have the latest version, check with the Minnesota Department of Health.



## Questions and Answers About Healthcare Directives

### ***What does Minnesota law say?***

Minnesota law allows you to inform others of your healthcare wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you are unable to tell them due to illness or injury. The information that follows tells about healthcare directives and how to prepare them. It does not give every detail of the law.

### ***What is a healthcare directive?***

A healthcare directive is a written document that informs others of your wishes about your healthcare. It allows you to name a person (“agent”) to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a healthcare directive.

### ***Why have a healthcare directive?***

A healthcare directive is important if your attending physician determines you cannot communicate your healthcare choices due to physical or mental incapacity. It is also important if you wish to have someone else make your healthcare decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

### ***Must I have a healthcare directive? What happens if I don't have one?***

You don't *have* to have a healthcare directive, but writing one helps to make sure your wishes are followed.

You will still receive medical treatment if you don't have a written directive. Healthcare providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a healthcare directive.

### ***How do I make a healthcare directive?***

There are forms for healthcare directives. Even if you don't use a form, your healthcare directive must meet some legal requirements.

### **Requirements of any healthcare directive:**

- Written (or typed) and dated.
- Director's name clearly stated.
- Signed by director or someone authorized to sign for them, when they could understand and communicate their healthcare wishes.
- Signature verified either by a notary public or two witnesses.
- Appointment of an agent to make healthcare decisions and/or provide instructions about any and all healthcare choices.

Before you prepare or revise your directive, you should discuss your healthcare wishes with your doctor or other healthcare provider.

### ***I prepared my directive in another state. Is it still valid?***

Healthcare directives prepared in other states are legal if they either meet the requirements of the other state's laws or Minnesota's requirements. However, any requests for assisted suicide will not be followed in Minnesota.

### ***What can I put in a healthcare directive?***

You have many choices of what to put in your healthcare directive. For example, you may include:

- The person you trust as your agent to make healthcare decisions for you (*You can name alternative agents in case the first agent is unavailable, or you can name joint agents*)
- Your goals, values, and preferences about healthcare
- The types of medical treatment you want or do not want
- How you want your agent or agents to make decisions
- Where you wish to receive care
- Instructions about artificial nutrition and hydration
- Mental health treatments that use electroshock therapy or neuroleptic medications
- Instructions if you are pregnant
- Donation of organs, tissues, and eyes

- Funeral arrangements
  - Who you would like as your guardian or conservator if there is a court action
- You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your healthcare directive.

***Are there any limits to what I can include in my healthcare directive?***

There are some limits about what you can put in your healthcare directive. For instance:

- Your agent must be at least 18 years of age
- Your agent cannot be your healthcare provider, unless the healthcare provider is a family member, or you give reasons for the naming of the agent in your healthcare directive
- You cannot request healthcare treatment that is outside of reasonable medical practice
- You cannot request assisted suicide

***How long does a healthcare directive last? Can I change it?***

Your healthcare directive lasts until you change or cancel it. As long as the changes meet the healthcare directive requirements listed above, you may cancel your directive by the following means:

- A written statement saying you want to cancel it
- Destroying it
- Telling at least two other people you want to cancel it
- Writing a new healthcare directive

***What if my provider refuses to follow my healthcare directive?***

Your healthcare provider generally will follow your healthcare directive, or any instructions from your agent, as long as the healthcare follows reasonable medical practice. But you or your agent cannot request treatment that will not help you or that the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the

agency to arrange to transfer you to another provider who will follow the agent's directions.

***What if I've already prepared a healthcare document? Is it still good?***

Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable healthcare powers of attorney, and mental health declarations. The law changed so that people can use one form for all their healthcare instructions.

Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

***What should I do with my healthcare directive after I have signed it?***

Inform others of your healthcare directive and give important people copies of it. You may wish to inform family members, your healthcare agent or agents, and your healthcare providers that you have a healthcare directive. Provide them with a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

***What if I believe a healthcare provider has not followed my healthcare directive requirements?***

Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (Metro Area) or toll-free – 1-800-369-7994.

***What if I believe my HMO has not followed my healthcare directive requirements?***

Complaints of this type can be filed with Managed Care – 651-201-5176.

The preceding information is copied from the Minnesota Department of Health website (Oct. 2019)

<https://www.health.state.mn.us/facilities/regulation/infobulletins/advdir.html>

***What is Included Here?***

In the following pages, we have provided a Minnesota Health Care Directive form (the 4-page version). Alternative 2-page and 8-page Minnesota Health Care Directive forms are also available at [www.honoringchoices.org](http://www.honoringchoices.org). Included within the website are guides for completing the forms.

You can also go to <https://extension.umn.edu/health-care/minnesota-health-care-directive-planning-toolkit> (Minnesota Health Care Directive Planning Toolkit) to complete a form online.

***How to Obtain Additional Information***

If you want more information about healthcare directives, please contact your healthcare provider, your attorney, or see Appendix B.



**This document replaces any health care directive made before this one.**

This document doesn't apply to electroconvulsive therapy or neuroleptic medications for mental illness.

I will give copies to my health care agents and health care teams when completed.

I will make a new health care directive if my agents, goals, preferences, or instructions change.

**My Full Name** \_\_\_\_\_ **My Date of Birth** \_\_\_\_\_

**My Address** \_\_\_\_\_

**My Cell #** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**My Health Care Agents**

My health care agent is my voice if I can't make health care decisions for myself. I trust my agent to **be my advocate, to follow my instructions, and to make decisions based on what I would want.** My agents are at least 18 years old. If I chose my health care provider to be an agent, I have given my reason below.

**Health Care Agent**

Name \_\_\_\_\_ Relationship to me \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

**First Alternate Health Care Agent**-If my health care agent isn't willing, able, or reasonably available.

Name \_\_\_\_\_ Relationship to me \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

**Second Alternate Health Care Agent**-If my first alternate agent isn't willing, able, or reasonably available.

Name \_\_\_\_\_ Relationship to me \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

**Why I chose these health care agents:** \_\_\_\_\_

**Health Care Agents: Powers and Special Situations**

If I'm not able to make my own health care decisions, my health care agent can: access my medical records, decide when to start and stop treatments, and choose my health care team and place of care.

**I also want my health care agent to:**

Make decisions about continuing a pregnancy if I can't make them myself.

Make decisions about the care of my body after death (autopsy, burial, cremation).

Name \_\_\_\_\_ Date \_\_\_\_\_

### **My Goals and Values**

*These answers should be used to help make health care decisions if I can't make them myself.*

Three non-medical things I want others to know about me:

What gives me strength or keeps me going in difficult times:

My worries and fears about my health:

My goals if my health gets worse:

What I want others to know about my spiritual, cultural, religious, or other beliefs:

Things that make my life worth living:

When I am nearing death, I would find comfort and support from:

My idea of a good death is:

Name \_\_\_\_\_ Date \_\_\_\_\_

### **Life-Sustaining Treatments**

Mechanical or artificial treatments may keep a person alive when the body can't function on its own. Examples are: ventilation (breathing machine) when the lungs aren't working, cardiopulmonary resuscitation (CPR) to try to restart a heart that has stopped beating, artificial feeding through tubes, intravenous (IV) fluids, and dialysis when the kidneys aren't working.

#### **My Future Care Preferences if I'm Permanently Unconscious**

Permanent unconsciousness can be caused by an accident, a stroke, and other illnesses. My health care team may call this a **permanent vegetative state**. This means the brain is so badly hurt that the person isn't aware of self or others, can't understand or communicate, and the health care team believes the person won't get better.

#### **If I'm permanently unconscious:**

- I want some or all possible life-sustaining treatments** if I'm permanently unconscious.  
My health care agent should work with my health care team to make decisions about treatments based on my goals and values.
- OR**
- I don't want life-sustaining treatments** if I'm permanently unconscious.  
Focus on making me comfortable and allow natural death.
- OR**
- I can't make a decision now about life-sustaining treatments** if I'm permanently unconscious.  
My health care agent should work with my health care team to decide whether or not to use life-sustaining treatments based on my goals and values.

#### **My Future Care Preferences if I'm Terminally Ill**

A terminal condition means **no cure is possible** and **death is expected in the near future**. This can be caused by: failure of vital organs (including end-stage heart failure, lung failure, kidney failure, and liver failure), advanced cancer, advanced dementia, a massive heart attack or stroke, and other causes.

#### **If I'm terminally ill:**

- I want some or all possible life-sustaining treatments** if I'm terminally ill.  
My health care agent should work with my health care team to make decisions about treatments based on my goals and values.
- OR**
- I don't want life-sustaining treatments** if I'm terminally ill.  
Focus on making me comfortable and allow natural death.
- OR**
- I can't make a decision now about life-sustaining treatments** if I'm terminally ill.  
My health care agent should work with my health care team to decide whether or not to use life-sustaining treatments based on my goals and values.



Name \_\_\_\_\_ Date \_\_\_\_\_

**Organ Donation**

- I want to donate my eyes, tissues and/or organs, if I can. My health care agent may start and continue any treatments needed until the donation is complete.
- I don't want to donate my eyes, tissues and/or organs.

**After I Die**

These are my wishes about **what to do with my body after I have died** (autopsy, burial, cremation, etc.) and **how I wish to be remembered** (obituary, funeral, memorial service, etc.):

**Additional Instructions**

- I have attached # \_\_\_\_\_ page(s) of additional instructions to this document.

**Making This Document Legal**

1. **Sign and date:** My Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

2. **Have your signature notarized OR verified by 2 witnesses**

**MINNESOTA NOTARY PUBLIC:** County of \_\_\_\_\_ (county name)  
In my presence on the date of \_\_\_\_\_ (date notarized)  
\_\_\_\_\_ (person signing above)

NOTARY SEAL  
HERE

acknowledged their signature on this document. I am not named as a health care agent in this document.

Signature of Notary \_\_\_\_\_

**OR**

**STATEMENT OF WITNESSES:** I am at least 18 years old. I am not named as a health care agent in this document. Only one witness can be an employee of the health care system providing care to the person on this date.

Witness # 1 Signature \_\_\_\_\_ Witness # 2 Signature \_\_\_\_\_

Date Signed \_\_\_\_\_ Date Signed \_\_\_\_\_

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

## **Provider Orders for Life-Sustaining Treatment (POLST)**

*From the Minnesota Medical Association:*

The Provider Orders for Life Sustaining Treatment (POLST) form is a portable medical order that can give patients with advanced serious illness the option to exercise increased control over the treatment they do or do not want to receive at the end of life. Unlike a healthcare directive, ***a POLST form must be completed with and signed by a licensed healthcare provider (your doctor) to be valid.*** The POLST form identifies what types of medical treatment a patient wishes to receive at the end of life and helps to ensure those wishes are conveyed to emergency services and other medical providers. The POLST form is used and recognized by hospital systems, long term care facilities, medical professionals, and emergency medical services throughout Minnesota.

Please find the POLST form on the following pages. The POLST form is one part of advance care planning and does not replace a healthcare directive. The POLST form should reflect a patient's known wishes and should change if the patient's wishes change. Remember, ***a POLST form must be completed with and signed by a licensed healthcare provider (your doctor) to be valid.***

The completed POLST form should be placed in a visible location recognized by Emergency Medical Personnel (usually the front of the refrigerator or in the medicine cabinet). Without this directive, Emergency Medical Personnel will do everything possible to save the patient's life. Minnesota Medical Association: <https://www.mnmed.org/>

MINNESOTA

# Provider Orders for Life-Sustaining Treatment (POLST)

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written. Patients should always be treated with dignity and respect.

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH		
PRIMARY MEDICAL CARE PROVIDER NAME		PRIMARY MEDICAL CARE PROVIDER PHONE (WITH AREA CODE)

**A** **CARDIOPULMONARY RESUSCITATION (CPR)** *Patient has no pulse and is not breathing.*

CHECK ONE

**Attempt Resuscitation / CPR** (Note: selecting this requires selecting "Full Treatment" in Section B).

**Do Not Attempt Resuscitation / DNR (Allow Natural Death).**

*When not in cardiopulmonary arrest, follow orders in B.*

**B** **MEDICAL TREATMENTS** *Patient has pulse and/or is breathing.*

CHECK ONE (NOTE: REQUIRE MEDICAL HISTORY)

**Full Treatment.** Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.  
**TREATMENT PLAN:** Full treatment including life support measures in the intensive care unit.

**Selective Treatment.** Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments.  
**TREATMENT PLAN:** Provide basic medical treatments aimed at treating new or reversible illness.

**Comfort-Focused Treatment (Allow Natural Death).** Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.  
**TREATMENT PLAN:** Maximize comfort through symptom management.

**C** **DOCUMENTATION OF DISCUSSION**

CHECK ALL THAT APPLY

**Patient** (Patient has capacity)     **Court-Appointed Guardian**     **Other Surrogate**  
 **Parent of Minor**     **Health Care Agent**     **Health Care Directive**

**SIGNATURE OF PATIENT OR SURROGATE**

SIGNATURE (STRONGLY RECOMMENDED)    NAME (PRINT)

RELATIONSHIP (IF YOU ARE THE PATIENT, WRITE "SELF")    PHONE (WITH AREA CODE)

*Signature acknowledges that these orders reflect the patient's treatment wishes. Absence of signature does not negate the above orders.*

**D** **SIGNATURE OF PHYSICIAN / APRN / PA**

*My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.*

NAME (PRINT) (REQUIRED)    LICENSE TYPE (REQUIRED)    PHONE (WITH AREA CODE)

SIGNATURE (REQUIRED)    DATE (REQUIRED)

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.

## INFORMATION FOR

PATIENT NAMED ON THIS FORM

### HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT

## E

CHECK  
ONE  
FROM  
EACH  
SECTION

### ADDITIONAL PATIENT PREFERENCES (OPTIONAL)

#### ARTIFICIALLY ADMINISTERED NUTRITION *Offer food by mouth if feasible.*

- Long-term artificial nutrition by tube.
- Defined trial period of artificial nutrition by tube.
- No artificial nutrition by tube.

#### ANTIBIOTICS

- Use IV/IM antibiotic treatment.
- Oral antibiotics only (no IV/IM).
- No antibiotics. Use other methods to relieve symptoms when possible.

#### ADDITIONAL PATIENT PREFERENCES (e.g. dialysis, duration of intubation).

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## HEALTH CARE PROVIDER WHO PREPARED DOCUMENT

PREPARER NAME (REQUIRED)

PREPARER TITLE (REQUIRED)

PREPARER PHONE (WITH AREA CODE) (REQUIRED)

DATE PREPARED (REQUIRED)

### NOTE TO PATIENTS AND SURROGATES

The POLST form is always voluntary and is for persons with advanced illness or frailty. POLST records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form

can address all the medical treatment decisions that may need to be made. A Health Care Directive is recommended for all capable adults, regardless of their health status. A Health Care Directive allows you to document in detail your future health care instructions and/or name a Health Care Agent to speak for you if you are unable to speak for yourself.

### DIRECTIONS FOR HEALTH CARE PROVIDERS

#### Completing POLST

- Completing a POLST is always voluntary and cannot be mandated for a patient.
- POLST should reflect current preferences of persons with advanced illness or frailty. Also, encourage completion of a Health Care Directive.
- Verbal / phone orders are acceptable with follow-up signature by physician/APRN/PA in accordance with facility/community policy.
- A surrogate may include a court appointed guardian, Health Care Agent designated in a Health Care Directive, or a person whom the patient's health care provider believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known, such as a verbally designated surrogate, spouse, registered domestic partner, parent of a minor, or closest available relative.

#### Reviewing POLST

This POLST should be reviewed periodically, and if:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change, or
- The patient's Primary Medical Care Provider changes.

#### Voiding POLST

- A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment.
- Draw line through sections A through E and write "VOID" in large letters if POLST is replaced or becomes invalid.
- If included in an electronic medical record, follow voiding procedures of facility/community.

**SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.**

Minnesota Provider Orders for Life-Sustaining Treatment (POLST). [www.mnpolst.org](http://www.mnpolst.org) PAGE 2 OF 2 REVISED: FEBRUARY 2013

### **3. Financial Arrangements**

Accidents and emergencies happen and, as we grow older, we may need assistance in managing financial matters. For this reason, it is wise to appoint a trusted relative, friend or advisor to act on your behalf in financial matters. It is important to appoint such an individual *before* they are actually needed, so the necessary documents are available when they *are* needed.

The primary document needed is called a Power of Attorney. A copy of this Minnesota document is found on the next few pages. The person that you appoint in this document is referred to as your Attorney-in-Fact. Please consult an attorney who is licensed in Minnesota when completing this form. The powers granted may be broad and sweeping, so you should understand the powers given to your Attorney-in-Fact.

Once the form has been properly completed, signed, and notarized, the powers given to the Attorney-in-Fact become effective immediately. However, you should maintain control of this document until your Attorney-in-Fact needs to use it on your behalf. An in-home safe or a bank safety-deposit box are preferred locations for storing this Power of Attorney, as long as your Attorney-in-Fact is aware of the location and can access the document when it is needed.

We are including the Minnesota statutory short form for Power of Attorney. Other forms may be used. Consult your attorney for further advice.

**STATUTORY SHORT FORM  
POWER OF ATTORNEY**

**MINNESOTA STATUTES SECTION 523.23**

Before completing and signing this form, the principal must read and initial the IMPORTANT NOTICE TO PRINCIPAL that appears after the signature lines in this form. Before acting on behalf of the principal, the attorney(s)-in-fact must sign this form acknowledging having read and understood the IMPORTANT NOTICE TO ATTORNEY(S)-IN-FACT that appears after the notice to the principal.

**PRINCIPAL  
(Name and Address of  
Person Granting the Power)**

ATTORNEY(S)-IN-FACT  
(Name and Address)

SUCCESSOR ATTORNEY(S)-IN-FACT  
(Optional)

To act if any named attorney-in-fact dies, resigns, or is otherwise unable to serve.  
(Name and Address)

First Successor \_\_\_\_\_  
\_\_\_\_\_

Second Successor \_\_\_\_\_  
\_\_\_\_\_

**Notice:** If more than one attorney-in-fact is designated to act at the same time, make a check or "x" on the line in front of one of the following statements:

\_\_\_\_\_ Each attorney-in-fact may independently exercise the powers granted.

\_\_\_\_\_ All attorneys-in-fact must jointly exercise the powers granted.

EXPIRATION DATE (Optional)

\_\_\_\_\_  
(Use Specific Month, Day, Year Only)

I, \_\_\_\_\_ (the above-named Principal), hereby appoint the above-named Attorney(s)-in-Fact to act as my Attorney(s) in-Fact:

**FIRST:** To act for me in any way that I could act with respect to the following matters, as each of them is defined in Minnesota Statutes section 523.24:

(To grant to the attorney-in-fact any of the following powers, make a check or "x" on the line in front of each power being granted. You may, but need not, cross out each power not granted. Failure to make a check or "x" on the line in front of the power will have the effect of deleting the power unless the line in front of the power of (N) is checked or x-ed.)

\_\_\_ (A) real property transactions; I choose to limit this power to real property in \_\_\_\_\_ County Minnesota, described as follows:

(Use legal description. Do not use street address.)

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

\_\_\_ (B) tangible personal property transactions;

\_\_\_ (C) bond, share, and commodity transactions;

\_\_\_ (D) banking transactions;

\_\_\_ (E) business operating transactions;

\_\_\_ (F) insurance transactions;

\_\_\_ (G) beneficiary transactions;

\_\_\_ (H) gift transactions;

\_\_\_ (I) fiduciary transactions;

\_\_\_ (J) claims and litigation;

\_\_\_ (K) family maintenance;

\_\_\_ (L) benefits from military service;

\_\_\_ (M) records, reports, and statements;

\_\_\_ (N) all of the powers listed in (A) through (M) above and all other matters, other than healthcare decisions under a healthcare directive that complies with Minnesota Statutes, chapter 145C.

**SECOND:** (You must indicate below whether or not this power of attorney will be effective if you become incapacitated or incompetent. Make a check or “x” on the line in front of the statement that expresses your intent.)

\_\_\_ This power of attorney shall continue to be effective if I become incapacitated or incompetent.

\_\_\_ This power of attorney shall not be effective if I become incapacitated or incompetent.

**THIRD:** My attorney(s)-in-fact MAY NOT make gifts to the attorney(s)-in-fact, or anyone the attorney(s)-in-fact are legally obligated to support, UNLESS I have made a check or an “x” on the line in front of the second statement below and I have written in the name(s) of the attorney(s)-in-fact. The second option allows you to limit the gifting power to only the attorney(s)-in-fact you name in the statement.

Minnesota Statutes section 523.24, subdivision 8, clause (2), limits the annual gift(s) made to my attorney(s)-in-fact, or to anyone the attorney(s)-in-fact are legally obligated to support, to an amount, in the aggregate, that does not exceed the federal annual gift tax exclusion amount in the year of the gift.

\_\_\_ I do not authorize any of my attorney(s)-in-fact to make gifts to themselves or to anyone the attorney(s)-in-fact have a legal obligation to support.

\_\_\_ I authorize (write in name(s)) \_\_\_\_\_, as my attorney(s)-in-fact, to make gifts to themselves or to anyone the attorney(s)-in-fact have a legal obligation to support.

**FOURTH:** (You may indicate below whether or not the attorney-in-fact is required to make an accounting. Make a check or “x” on the line in front of the statement that expresses your intent.)

\_\_\_ My attorney-in-fact need not render an accounting unless I request it or the accounting is otherwise required by Minnesota Statutes, section 523.21.

\_\_\_ My attorney-in-fact must render (Monthly, Quarterly, Annual) accountings to me or \_\_\_\_\_ during my lifetime, and a final accounting to the personal representative of my estate, if any is appointed after my death.



In Witness Whereof I have hereunto signed my name this \_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
(Signature of Principal)

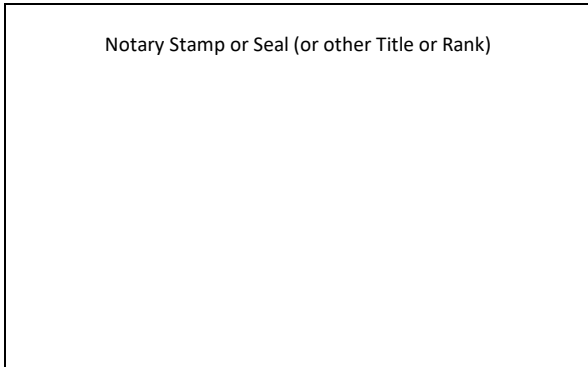
(Acknowledgement of Principal)

STATE OF MINNESOTA

ss.

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_.



\_\_\_\_\_  
Signature of Notary Public or Other  
Official

**Acknowledgement of notice to attorney(s)-in-fact and specimen signature of attorney(s)-in-fact.**

By signing below, I acknowledge I have read and understand the IMPORTANT NOTICE TO ATTORNEY(S)-IN-FACT required by Minnesota Statutes section 523.23, and understand and accept the scope of any limitations to the powers and duties delegated to me by this instrument.

(Notarization not required)

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

This instrument drafted by:

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**Specimen signature of Attorney(s)-in-Fact (Notarization not required)**

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**IMPORTANT NOTICE TO THE PRINCIPAL**

**READ THIS NOTICE CAREFULLY.** The power of attorney form that you will be signing is a legal document. It is governed by Minnesota Statutes chapter 523. If there is anything about this form that you do not understand, you should seek legal advice.

**PURPOSE:** The purpose of the power of attorney is for you, the principal, to give broad and sweeping powers to your attorney(s)-in-fact, who is the person you designate to handle your affairs. Any action taken by your attorney(s)-in-fact pursuant to the powers you designate in this power of attorney form binds you, your heirs and assigns, and the representative of your estate in the same manner as though you took the action yourself.

**POWERS GIVEN:** You will be granting the attorney(s)-in-fact power to enter into transactions relating to any of your real or personal property, even without your consent or any advance notice to you. The powers granted to the attorney(s)-in-fact are broad and not supervised. THIS POWER OF ATTORNEY DOES NOT GRANT ANY POWERS TO MAKE HEALTHCARE DECISIONS FOR YOU. TO GIVE SOMEONE THOSE POWERS, YOU MUST USE A HEALTHCARE DIRECTIVE THAT COMPLIES WITH MINNESOTA STATUTES CHAPTER 145C.

**DUTIES OF YOUR ATTORNEY(S)-IN-FACT:** Your attorney(s)-in-fact must keep complete records of all transactions entered into on your behalf. You may request that your attorney(s)-in-fact provide you or someone else that you designate a periodic accounting, which is a written statement that gives reasonable notice of all transactions entered into on your behalf. Your attorney(s)-in-fact must also render an accounting if the attorney-in-fact reimburses himself or herself for any expenditure they made on behalf of you. An attorney-in-fact is personally liable to any person, including you, who is injured by an action taken by an attorney-in-fact in bad faith

under the power of attorney or by an attorney-in-fact's failure to account when the attorney-in-fact has a duty to account under this section. The attorney(s)-in-fact must act with your interests utmost in mind.

**TERMINATION:** If you choose, your attorney(s)-in-fact may exercise these powers throughout your lifetime, both before and after you become incapacitated. However, a court can take away the powers of your attorney(s)-in-fact because of improper acts. You may also revoke this power of attorney if you wish. This power of attorney is automatically terminated if the power is granted to your spouse and proceedings are commenced for dissolution, legal separation, or annulment of your marriage.

This power of attorney authorizes, but does not require, the attorney(s)-in-fact to act for you. You are not required to sign this power of attorney, but it will not take effect without your signature. You should not sign this power of attorney if you do not understand everything in it, and what your attorney(s)-in-fact will be able to do if you do sign it.

**Please place your initials** on the following line indicating you have read this IMPORTANT NOTICE TO THE PRINCIPAL: \_\_\_\_\_ (Initials of Principal)

#### **IMPORTANT NOTICE TO THE ATTORNEY(S)-IN-FACT**

You have been nominated by the principal to act as an attorney-in-fact. You are under no duty to exercise the authority granted by the power of attorney. However, when you do exercise any power conferred by the power of attorney, you must:

- (1) act with the interests of the principal utmost in mind;
- (2) exercise the power in the same manner as an ordinarily prudent person of discretion and intelligence would exercise in the management of the person's own affairs;
- (3) render accountings as directed by the principal or whenever you reimburse yourself for expenditures made on behalf of the principal;
- (4) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (5) cease acting on behalf of the principal if you learn of any event that terminates this power of attorney or terminates your authority under this power of attorney, such as revocation by the principal of the power of attorney, the death of the principal, or the commencement of proceedings for dissolution, separation, or annulment of your marriage to the principal;
- (6) disclose your identity as an attorney-in-fact whenever you act for the principal by signing in substantially the following manner: Signature by a person as "attorney-in-fact for (name of the principal)" or "(name of the principal) by (name of the attorney-in-fact) the principal's attorney-in-fact";

(7) acknowledge you have read and understood this IMPORTANT NOTICE TO THE ATTORNEY(S)-IN-FACT by signing the power of attorney form. You are personally liable to any person, including the principal, who is injured by an action taken by you in bad faith under the power of attorney or by your failure to account when the duty to account has arisen.

The meaning of the powers granted to you is contained in Minnesota Statutes chapter 523. If there is anything about this document or your duties that you do not understand, you should seek legal advice.

## 4. Your Material Possessions

With planning, you can let your possessions continue to be an expression of your life. It is prudent to review your estate plan every few years with an attorney to determine if the disposition of your assets is consistent with your wishes. This review will help you determine what combination of documents best meets your wishes. A simple will may be sufficient, or a trust document may be recommended in addition to a will. At a minimum, you should make a will if you have not already done so. In your will or trust, you can:

- Direct that your possessions will be distributed as you desire
- Choose your administrator or personal representative
- Choose a guardian for your minor children
- Contribute to your church and other charitable organizations
- Minimize taxes charged to your estate

You can begin this process by using the Personal Property Statement form on the following page. This document can be saved with your will and changed anytime.

It is also important to determine if any of your assets provide for Beneficiary Designations. This feature allows you to designate an individual to receive that asset immediately following your death, avoiding the necessity of a probate proceeding. If an asset includes that provision, you may update the designation at any time. Check your designations to be sure they name the people you wish to receive your assets.



## 5. Your Values and Beliefs (Ethical Will / Legacy Letter)

An ethical will or legacy letter can be an expression of your values, spiritual beliefs, wisdom, life lessons, history, experiences, and hopes for future generations. By writing an ethical will, you can leave a meaningful gift to your loved ones and to future generations. You may find that writing an ethical will is a compelling process of self-reflection. The process may affirm your dignity and bring faith and values-grounded clarity that assists you in making end-of-life decisions. Writing an ethical will may increase your sense of belonging, satisfy your need to be remembered, and create personal peace that you have gifted a blessing. You may learn much about yourself in writing an ethical will.

There are no standard formats, lengths, or expectations for ethical wills. You can write a two-page handwritten letter or a 200-page typed memoir-style document. If desired, you may seek out in-depth resources, including websites, books, and workbooks. With all formats, you may find the following tips to be useful:

- Free-write by hand. Many writers find that writing by hand communicates stronger emotions and more reflective thought. Writing without concern for the final structure can bring forth creativity, resonating experiences, and a sense of meditation.
- Try starting in letter form, with a salutation such as “Dear ...”
- Rewriting may bring more depth and self-reflection.
- Consider your tone. Read your words aloud to yourself. Are you creating a blessing for others? Imagine yourself as the recipient of your ethical will. Is this a gift?
- Try to communicate your love and your values. Consider this a “voice from the heart.”
- Consider your ethical will to be an evolving product. You may find it valuable to change or add to your ethical will several times.

You may not need any writing prompts, but there are hundreds of possible prompts that you could use to develop an ethical will. Here are a few examples:

- The most important thing you learned from your parents, spouse, children, and/or friends
- Your thoughts on religion and faith

- The story of your spiritual journey
- Values that are important to you
- Who or what most influenced the development of your values?
- Your most-valued traditions
- Your experience of justice, peace, joy, and/or moral good
- Some of your fondest memories
- People, places, and/or things for which you are grateful
- A request or offer of forgiveness
- Your description of how people are special to you
- What you feared the most during your life
- Your favorite place/book/artist/movie/food/sport/hobby/saying(s)
- Your favorite story about your mother/father/spouse/children/friend
- Your happiest memory
- Your most challenging experience
- Your biggest life-lesson
- Your wishes for your children in the future
- Your hopes/blessings/wishes for those you will leave behind
- Specific hopes/blessings/wishes for named individuals, such as children/grandchildren/spouse/siblings/friends/loved ones
- Any events that impacted you greatly along with why or how
- Stories about your life's passions and missions
- What have you learned during life? When and from whom?
- How have your values and goals changed throughout your life?
- What family stories and traditions do you most treasure?
- What trials and tribulations did you face that became times of personal growth?
- What are you proud of?
- What advice do you have to offer?



- Specific advice: When you encounter hardship, I hope you remember...
- What wisdom have you gained from your experiences? Tell stories or about examples from your life that can help you communicate that wisdom

The previous suggestions are based on information found at the following websites:

<https://www.everplans.com/articles/ethical-will-worksheet>

<http://life-legacies.com/ethicalwills/>

[https://www.knox.org/wp-content/uploads/2017/05/ethical\\_wills\\_template\\_2011.pdf](https://www.knox.org/wp-content/uploads/2017/05/ethical_wills_template_2011.pdf)

You can find examples of ethical wills on these websites:

<https://www.life-legacies.com/ethicalwills/index.html>

Bettina was 29 years old when she died. This letter to her family and friends was read at her memorial service. It serves here as an example of an ethical will or legacy letter.

*Dear Friends and Loved Ones,*

*As I contemplated this memorial service, I felt great gratitude in my heart that each of you would be here to say good-bye to me. Many of you have shared your warmth, kindness and love with me during these last months. I want to say thank you and good-bye and share with you the lessons I've learned through my dying.*

*I have profoundly experienced that love is all that matters. Like many people, I occasionally got caught in my pettiness and separation, thinking I knew the right answer. I judged others and I have judged myself even more harshly. But I have learned that we carry within ourselves the abundant wisdom and love to heal our weary heart and judgmental mind.*

*During the time of my illness, I have loved more deeply. My heart feels as if it has exploded. I do not carry anger. I feel we are all doing the best we can. Judging others closes the heart and when one is dying, that is a waste of precious sharing. Life is how we stand in relationship to both ourselves and to others. Loving and helping each other are all that is important.*

*We are in the fall season. I feel privileged to die as the leaves fall from the trees. There is a naturalness to the cycle of life and death and for whatever reason, it is my time to die, even though I am young. It is OK, It is right and natural. Life is not about how long we live, but about how we live, and I have had a good life. I accept my dying as part of the wondrous process of life.*

*My sadness is in leaving you. I'll miss the deep comfort and love of gently waking up in (my husband) Peter's arms, giving up our dreams of future years together. I'll miss the sunny days of fishing with my dad, of sharing with my mom her love of life and cosmopolitan savoir-faire. I'll miss giggling with my sister Maria over life's impasses. How appreciative I feel when I think of my brother Michael's faith and encouragement.*

*As I lay dying, I think of all of you, each special in your own way, that I have loved and shared this life with. I reluctantly give up walking on this beautiful planet, where every step is a prayer. The glistening sun on the trees, the sound of a brook as it makes its way down the mountain, the serenity and beauty of a gentle snowfall, sitting at the rim of a Utah canyon and catching a glimpse of eternity—these are the things I have loved.*

*Please do not think I have lost a battle with cancer, for I have won the challenge of life. I have shared unconditional love. I have opened to the mystery of Spirit and feel that divinity is all around us every day and provides us with a path on which our spirit may take flight.*

*Chief Crazy Horse said upon his final battle, "It is a good day to die because all the things of my life are present." That is how I feel as I think of the abundance, adventure, opportunity and love in my life.*

*When you think of me, know that my spirit has taken flight and that I loved you.*

*With my love, Bettina*

This example was taken from <https://celebrationsoflife.net/ethicalwills/>

## 6. Memorial Service Planning

You can plan your own funeral or memorial service and make it a gift to your family, a testimony of your love for them and your faith in God. The services surrounding death are an important part of the grieving process, an important step toward healing. These services should express our faith in God's power and our trust in God's love.

By planning before death, we help our family and friends through grief. We don't want grief to cause us to make unfortunate decisions or to send us into despair. We do want our decisions to reflect our faith and hope. Your pastors, family, friends, funeral director, and lawyer are all resources to draw on.

When death comes, decisions have to be made, even during sorrow and disorientation. These decisions will be made with love, understanding, care, and courage if previous planning is in place. With a call to the family's pastor, the wishes of the deceased person and their family can be reviewed and carried out.

Consider the questions below. Then complete the Memorial Service preference form that follows this section. Give a copy to your nearest kin and other persons who will be overseeing your last rites. Ask for their reactions. They may have helpful perspectives to share. Amend your instructions as necessary. Then give a copy of the completed form to the church office and keep a copy in a conspicuous place in your home.

### ***Questions to Consider***

- The body is present at a funeral; it is not present at a memorial service. Do you want a funeral or a memorial service? Will the presence of the body allow the grief process to run its natural course? Should the body be the focus of attention?
- It is the responsibility of the ministers currently serving the church to preside at these services. Inviting other ministers to participate is at the discretion of the local minister and must be arranged by the local minister.
- Who will provide the music? Keep in mind that even if you plan to have the service outside of the church, music is an important element. If you wish someone other than the church organist to play for the service, you must arrange that with the church.

- Where do you want the service held—at a funeral home, at church, in the family home, at the graveside? Many people decide that it is natural to have the memorial service of a faithful Christian in the church because it reflects both the faith and the community the deceased shared in life.
- If you choose cremation, there are several options. The cremated remains can be placed in a niche in a columbarium, buried, scattered, or kept by the family. Members of Macalester Plymouth can have their ashes buried in the Church Memorial Garden. See pages 50-51 for further information.
- Shall your body be displayed in the church or funeral home? Perhaps relatives and friends will want, or need, one last opportunity to see the familiar form. Perhaps lying-in-state provides a chance for family members to meet each other and greet friends.  
On the other hand, this meeting and greeting can be done in a relaxed setting at the church preceding the service without the body present. Your family might want to use photos and mementos to tell your story and help friends and family to talk more easily. Coffee or other beverages can be made available to give out-of-town guests a chance to visit as well.
- One option is to have the body or ashes buried before the memorial service. The family and the minister hold a brief service of scripture and prayers at the burial site. Then the group goes to the church, perhaps to greet guests, before the memorial service. This gives the family a chance to experience great comfort and support in the greetings of friends and the worship service after a private farewell with the remains.
- Flowers are an expression of love for the deceased and for the living. They are an appropriate symbol of God’s care. But many people feel that a few bouquets, even one or two, are esthetically and theologically sufficient. Some people prefer memorial gifts to the church or a charitable organization in lieu of flowers. Do you have a preference?
- Fraternal or military services can be meaningful for members. If you are a member of a fraternal order or have served in the military, will you want such a service? Will you want it at a separate time and place, or combined with the church service?
- For practical information to help you plan, see “CHOICES” a publication of the Mortuary Science Section of the Minnesota Department of Health

<https://www.health.state.mn.us/facilities/providers/mortsci/docs/choices.pdf>

- Concerning disposition of the body, “CHOICES” states:  
*Under Minnesota Law, “final disposition” of the body after death is usually the responsibility of the next of kin. Options include earth burial, entombment, cremation, and donation.*  
For information on cremation, you can contact your funeral director or The Cremation Society of Minnesota, 612-825-2435.  
Minnesota law requires that the body be embalmed if it is to be publicly viewed. Otherwise, embalming is usually optional. Appendix B contains more information about embalming and cremation.
- Consider organ donation. The notion of new life coming from death is a fundamental understanding of our faith. Make your relatives aware of your wish to be a donor and state it on your Minnesota Healthcare Directive as well as on your driver’s license or state-issued identification card. You can also obtain a donor card from LifeSource. For information on donating organs or tissues, contact LifeSource, Upper Midwest Organ Procurement Organization, Inc., a not-for-profit organization designated by the federal government to manage all aspects of organ donation in our area (651-800-6100).  
<http://www.life-source.org/>

### ***Memorial or Funeral Service Planning Specifics***

The service held upon the occasion of death is a service of the worship of God, as we give thanks to God for the gift of life, death, and life eternal. Think of it as a regular worship service, similar to our regular Sunday services, with the joyful singing of hymns, the reading of prayers and scripture and the preaching of The Word. Such familiarity can be a great comfort to those who are grieving. Think of theology while you are planning. For a Christian, death is the not worst thing! The outside culture does not always understand this, so it is important that we are clear about this ourselves.

Keep in mind that ministers like doing memorial services and funerals—not because ministers are morbid, but because they understand how important faith is at a time like this. Ministers welcome conversation about the service that you would like to have. Call your pastor now and talk about these matters of such importance. Sharing your feelings and desires with your pastor is a gift!

If you plan the memorial or funeral service of a loved one with the pastor, these questions will be answered:

- Day, time, place of services?
- Special music? Organist? Soloist?
- Preferred Scripture readings?
- Special comments on the loved one's life?
- Congregational participation with hymns and prayers?

The church has worship bulletin designs from which you may choose or you may wish to produce a cover design of your own. Consult with the minister.

If the deceased (or a primary loved one) is a member of Macalester Plymouth United Church, there are no charges for the use of the sanctuary. Ask the church office for guidance concerning honoraria for the service principals.

It is the custom of our church to provide, if the family desires, a fellowship time after the service in the social hall. Coffee, tea, punch, cookies, and snack bars are served. There is no charge for this service. If the family decides to serve a luncheon, the family will order and pay for the food to be delivered and the church will serve the meal at no cost.

Check with the church office for caterer recommendations. Sometimes the church has a caterer with whom it works closely and you may want to use that service. If you do, the caterer will send a separate invoice to the family for the cost.

***Suggested memorial service order of worship:***

Organ prelude  
Affirmation of faith  
Prayer of invocation  
Statement about the life of the loved one  
Congregational hymn  
Scripture  
Meditation  
Prayers  
Congregational hymn of triumph  
Blessing and benediction  
Postlude

Give thought to the postlude to be played following the service. Consider requesting joyous music. No matter how sorrowful you and your loved ones are, the reality is that we are grateful to God for the miracle and gift of life and for life eternal. After a memorial service at the church, the family greets friends in the social hall.

### ***After the Service***

If a funeral service is held with the body present, following the service, the pallbearers help the funeral directors bring the body out to the hearse. The funeral party drives in a cortege to the cemetery. The funeral director will give clear instructions about this. At the gravesite, the minister reads scripture and says a brief prayer followed by the Lord's Prayer.

It is not customary for the casket to be lowered into the grave while the family is still present. The final goodbyes are said while the casket is still above ground. If you would like to have the casket lowered into the ground while the family is still present, please talk this over with your loved ones. Special arrangements have to be made with the cemetery to make this possible.

### ***Theological Reflections on Loss and Hope***

Jesus' words explain the confidence Christians feel as they face death. They point to a reality demonstrated by Christ in his life, death, and resurrection. The reality of their experience of the risen Christ won the disciples' confidence that death was not the final end, but an opening to a new life with God, which is rich and glorious beyond anything we can imagine.

Jesus' life and teaching and, most especially, his resurrection, is the foundation of our confidence and hope. It is why Paul suggests we should feel free to grieve our losses with hearts filled with hope.

That is not to make light of our losses. Rather, it sets our grief in the context of faith. On the foundation of faith, we fear nothing, for if we live, we belong to God, and if we die, we belong to God.

*"We do not want you to be uninformed, brothers and sisters, about those who have died, so that you may not grieve, as others do, who have no hope."*

*—1 Thessalonians 4:13*



We are born, we live, we die. From our first breath we enter the cycle of life and death. Death is sewn into the fabric of life, and will come to us, ready or not.

*Jesus said, "Do not let your hearts be troubled. Believe in God, believe also in me. In my Father's house are many dwelling places. If it were not so, would I have told you that I go to prepare a place for you? If I go to prepare a place for you, I will come again and take you to myself, so that where I am, there you may be also."*

—John 14:2

Name \_\_\_\_\_ Date completed \_\_\_\_\_

### ***Memorial Service Preferences***

Some people enjoy planning their own funeral or memorial service, while others would prefer to avoid it. If you have ideas about how you would like the service to go, we encourage you to record those ideas in as much detail as suits you. Knowing your preferences may help you to prepare for the transition into new life and can provide great comfort to your loved ones as they grieve.

See the previous pages of this manual for a typical order of service, as well as some suggested scriptures and prayers that may be helpful in your planning.

My hopes for the service:

- I prefer a
- funeral service (body is present)
  - memorial service

Scriptures or readings that are important to me:

People I would invite to participate (as readers, musicians, etc.):

Hymns I love:

Special music:

Memorial donation designation(s):

Other ideas and preferences for this service. (This could include flowers, reception ideas, special foods, etc.):

## 7. What Do You Want to Happen to Your Body?

Our choices about what will happen to our bodies after death are influenced by religious beliefs, cultural practices, family traditions, and concerns about our loved ones, our finances, and the environment. It may help to know that we have options that allow us to follow our beliefs and values as we plan for what will happen to our bodies.

As the Funeral Consumers Alliance notes, our ideas about what constitutes a traditional burial have evolved over time. In the early history of the United States, families usually prepared a body for burial on their own land or in a nearby cemetery. Some options available today are included here.

**Cremation** has grown in popularity in recent years, though it is an ancient practice. Cremated remains may be kept in the container of your choice, buried, or scattered. Some people choose cremation because remains can be kept with the family or scattered in a special place. Others choose this option because it is relatively economical or because they prefer not to use land for burial.

At Macalester Plymouth United Church, members may choose to have their ashes buried in a biodegradable container in the Memorial Garden just outside the social hall. Sheltered by the walls of the church, the Memorial Garden provides a sacred space for burial where people can come for peaceful and quiet reflection. Burial may be included as part of the memorial service or completed at a separate time. Contact the church office at 651-698-8871 for further information.

*More information about cremation can be found here:*

<https://funerals.org/?consumers=scatter-brained-cremation-whats-left>

**Burial** may feel like a more traditional choice for some families. Bodies may be embalmed or not, according to your preferences or customs. Some people choose this practice so that they may include a viewing of the body as part of the funeral or reception, while others may choose to bury loved ones near family members. There are a variety of options for caskets and cemeteries.

*More information about burial can be found here:*

<https://funerals.org/?consumers=earth-burial-tradition-simplicity>

**Green burial** is another ancient practice that has regained popularity in recent years. In green burial, the body is wrapped in cloth or enclosed in a biodegradable

coffin, but not embalmed. The body is allowed to decompose naturally in a designated green cemetery or memorial garden. Those who choose this option may want to avoid the use of chemicals or environmentally damaging materials in their burial, or to return to the earth after death. This can also be a less expensive option than burial in a traditional cemetery.

*More information about green burial can be found here:*

<https://funerals.org/?consumers=green-burial>

**Whole body donation** is also a choice. Some people wish to donate their whole body to be used for the support of medical research and education for health professionals. At the University of Minnesota, the Anatomy Bequest Program provides information about this kind of gift and also facilitates the donation process. Information about whole body donation at the University of Minnesota is available at 612-625-1111. Body Donation at Mayo Clinic information is available at 507-284-2693. Additional contact information about both of these programs is available in Appendix B of this book.

**Pre-paying** is a choice some people make in order to protect their families from the burden of making major decisions and taking on funeral expenses at the time of their death. If you would like to pre-pay your funeral, many options are available to explore, including but not limited to funeral homes, banks, and insurance companies.

### ***Common Funeral Myths***

- 1. Embalming is required by law.** Embalming is NEVER required for the first 24 hours. In many states, it's not required at all under any circumstances.
- 2. Coffin vaults are required by law.** NO state has a law requiring burial vaults. Most cemeteries, however, do have such regulations because the vault keeps the grave from sinking in after decomposition of the body and casket, reducing maintenance for the cemetery workers. Grave liners are usually less expensive than vaults. New York state forbids cemeteries from requiring vaults or liners in deference to religious traditions that require burial directly in the earth. Those who have started green burial grounds do not permit vaults or metal caskets.
- 3. Vaults are required for the interment of cremated remains.** Alas, with the increasing cremation rate, many cemeteries are making this claim, no doubt to generate more income. There is no similar safety reason as claimed for using a

casket vault. Any cemetery trying to force such a purchase should be reported to the Federal Trade Commission for unfair marketing practices: 877-FTC-HELP.

- 4. What is left after the cremation process are ashes.** When people think of ashes, they envision what one would find left behind in a fireplace or campfire. However, what remains after the cremation process are bone fragments, like broken seashells. These are pulverized to a small pebble-like dimension.
- 5. Cremated remains must be placed in an urn and interred in a cemetery lot or niche.** There is no reason you can't keep the cremated remains in the cardboard or plastic box that comes from the crematory. In ALL states it is legal to scatter or bury cremated remains on private property (with the land-owner's permission). Cremation is considered final disposition because there is no longer any health hazard. There are no "cremains police" checking on what you do with cremated remains.

*The previous excerpts are from this web page of the Funeral Consumers Alliance: <https://funerals.org/common-funeral-myths/>*

### ***Facts About Embalming***

- 1. Embalming is rarely required by law.** The Federal Trade Commission and many state regulators require that funeral directors inform consumers that embalming is not required except in certain special cases.
- 2. Embalming provides no public health benefit,** according to the U.S. Centers for Disease Control and Canadian health authorities.
- 3. Embalming does not preserve the human body forever;** it merely delays the inevitable and natural consequences of death.
- 4. Embalming is a physically invasive process** in which special devices are implanted and chemicals and techniques are used to give an appearance of restful repose.
- 5. Embalming chemicals are highly toxic.** Embalmers are required by OSHA to wear a respirator and full-body covering while embalming. Funeral home effluent, however, is not regulated, and waste is flushed into the common sewer system or septic tank.
- 6. Refrigeration is an alternative** to maintain a body while awaiting a funeral service or when there is a delay in making arrangements. Not all funeral homes have refrigeration facilities, but most hospitals do.

7. **Embalming has no roots in Christian religion** and is common only in the U.S. and Canada. Embalming is considered a desecration of the body by orthodox Jewish and Muslim religions. Hindus and Buddhists choosing cremation have no need for embalming.
8. **Private or home viewing by family members and close friends can occur without embalming.**

*The previous excerpts are from this web page of the Funeral Consumers*

*Alliance: <https://funerals.org/?consumers=embalming-what-you-should-know>*

## ***Cremation Explained***

### **What is cremation?**

Cremation is the process of reducing the body to ashes and bone fragments through the use of intense heat. The process usually takes two to four hours. Depending on the size of the body, the cremated remains weigh about three to nine pounds.

### **Is there a trend toward cremation?**

Yes. The percentage of cremations in the United States is rapidly rising each year because of the considerable expense of traditional funerals, the diminishing space available for cemeteries, and increasing environmental concerns. In a number of areas in the nation, particularly on the West Coast and in Florida, cremation is the preferred method of disposition.

### **What can be done with cremated remains?**

Several choices exist as to what can be done with cremated remains. They can be placed in a niche in a columbarium, buried, scattered, or kept by the family. Cremated remains are sterile and pose no health hazard. New options are being offered each year, such as artificial reefs in the ocean into which cremated remains have been mixed.

A columbarium is an assembly of niches designed to hold containers of cremated remains. It is most often located in a mausoleum with a cemetery. Some churches provide niches within the church or as a part of a garden wall.

Earth burial can be in a cemetery, either in a regular grave or in a special urn garden. Many cemeteries will permit two or three containers in one adult-size plot. However, the family, if so inclined, can bury the cremains anywhere it wishes, with the property owner's permission.

Scattering cremains over some area that had significance to the deceased has an appeal for many and is legal in most jurisdictions.

**Must an urn be purchased?**

No. Crematories return the cremated remains in a metal, plastic, or cardboard container that is perfectly adequate for burial, shipping, or placing in a columbarium. The family may prefer an aesthetic or other appropriate receptacle.

**Are “cremation societies” the same as “memorial societies”?**

No. The most important difference is that memorial societies are not-for-profit consumer groups which are democratically controlled, whereas direct cremation societies operate for profit.

*The previous excerpts are from this web page of the Funeral Consumers Alliance:*  
<https://funerals.org/?consumers=cremation-explained-answers-frequently-asked-questions>



## **8. When Someone You Love Dies**

### ***Understanding Grief and Separation***

Loss and separation cause intense pain and sadness. Even though we may have solid faith, we grieve. We lose a dear one, and the separation seems so final.

We are deeply wounded when a loved one dies, and grief is the process of being healed. At first, we are stunned. Our inner defenses soften the blow by numbing us. Then we begin to suffer, feeling the pain.

We feel complex emotions—pain, abandonment, loneliness, anger, hopelessness, guilt. The emotions are real, normal. In time, they begin to fade. We still grieve, but we begin to recover.

Gradually, we readjust. We pick up old ways, find new ones. We seek out old friends and find new ones. We begin to live a life that is the same, yet different. Just as we appear to be the same, and yet are forever different for having lived the loss. Here are pitfalls to avoid when facing grief:

Try not to:

- be too hard on yourself
- drug yourself
- spend too much time feeling sorry for yourself
- withdraw or run away
- anticipate too much
- underestimate your powers of survival, adjustment, and new beginnings

### ***Understanding Caring***

Never are we more a community of Christ than when we gather together in the midst of sorrow and tears to speak the word of love. There are no pat words to learn. Caring is being there, being yourself, being concerned for another. What is needed is not knowledge or methods, but sensitivity to feelings.

Christian presence and a willingness to listen are about all that is needed. The grieving person needs to remember, to cry, to laugh, to express moods of anger and frustration, and to know that their loved one is still loved and will not be forgotten.

Sometimes we feel uncomfortable, not knowing what to say. There are no magic words. Sincere concern and just being there are often enough.

Here are a few suggestions to help you help another person:

- Be there as soon as possible after the death.
- Be available afterward on a regular basis. Don't go to the memorial service and then disappear.
- Avoid platitudes. It's better to just listen.
- Help the person talk about their loved one.
- Let the person grieve. Tears are normal. Guilt, anger, anxiety are normal.
- Grieving takes time. Let the person have the time. There is no "normal" time frame for grieving.
- Let your caring go on through a shored-up friendship that lasts through the months of loneliness and readjustment.
- Invite the person to share activities, meet new people, continue an active life.

### ***If a Loved One Dies and You Must Make Arrangements***

- Pray. The initial blow can be softened and tempered by prayer.
- Call the pastor, who will be with you as soon as possible. Talk about your feelings, about the reality of life in Christ, and about the immediate demands of the next few days.
- Call a close relative or friend to be with you.
- Notify the appropriate people—family, close friends, employer.
- Call your doctor or the county medical examiner if the death occurs at home.

- Call the funeral director or memorial society.
- Obtain a copy of the memorial service plans, if available. There may be a copy filed at the church.
- Consult with the minister, family, and funeral director to arrange for the handling of the body and the time and place of visitation and the service. The church is always available and appropriate for both.
- Select pall bearers, if needed.
- Decide about flowers and gifts in lieu of flowers.
- Obtain the social security number, records of military service (especially if there is to be a committal at the National Cemetery), names of all family members and of community organizations to which the person belonged.
- Submit, or have the funeral director submit, an obituary to the newspapers.
- Collect clothing, jewelry, and other personal items if death occurred in a hospital or nursing home.
- Prepare a list of those persons from out of town to be notified by phone, letter, or electronically.

## 9. Reflections on Grief and Loss

In this section, you will find thoughts about grief and loss and various ways to be present with personal grief and the grief of others.

We often associate grieving only with death, but grief can also come from a loss suffered while someone is still living. The loss of cognitive and physical abilities associated with chronic illness, for example, may also bring grief. Some of us may grieve the death of a loved one over time—before, during, and after actual passing.

*The following sections (Chronic Illness and Loss through Taking Care of YOU) have been excerpted from the “Grief and Loss” web page by the Family Caregiver Alliance. Reviewed by Rabbi Jon Sommer with permission of the Family Caregiver Alliance.*

### **Chronic Illness and Loss**

Over time, with most chronic illnesses, there are changes in a person’s abilities. Whether it is someone living with Parkinson’s disease who can no longer button a shirt, or someone coping with diabetes who has to follow a special diet, or someone with Alzheimer’s disease who can’t remember who you are, caregivers have to adjust to the needs of the care receiver.

Caregivers may experience many kinds of losses: loss of independence; loss of control; loss of the future as it had been imagined; loss of financial security; loss of the relationship as it once was; loss of freedom, sleep, and family harmony; loss of another person to share chores and other tasks; or simply the loss of someone with whom to talk things over.

Persons with chronic illnesses also have to adjust to many of the same losses, in addition to loss of dignity; mobility; loss of a carefully planned future or retirement; loss of familiar roles; or the loss of a sense of worth (all depending on what disability is associated with the illness).

It is easy to ignore these losses and just keep doing the things that need to be done. However, these losses lead to grief, and grief can lead to sadness, depression, anger, guilt, sleeplessness, and other physical and emotional problems. It is important to identify our losses, identify our feelings, and let ourselves grieve the changes that have happened in our lives. When we can do this, our feelings will erupt less frequently as angry outbursts weighed down by guilt, or creep over us as depression and hopelessness. Instead, our emotions can more easily be expressed as a shared loss of something treasured—with which family and friends close to the

situation can likely empathize, leading to deeper communication and stronger relationships with those experiencing a similar loss.

### ***Grief at Death***

Grief is a natural emotion, a universal experience that makes us human. Because it is intense and uncomfortable to feel, we often try to find ways to avoid experiencing the immensity of the emotion—through distraction and busyness. We grieve because we are deprived of a loved one, the sense of loss is profound, the change in roles is confounding, and we may become uncertain of our identity. Often caregivers are in the situation of having to make changes in their circumstances—where to live, financial concerns, relationships—along with fear of not knowing what lies ahead.

Grief lasts a long time. Recent research has shown that intense grieving lasts from three months to a year and many people continue experiencing profound grief for two years or more. Our society expects us to be “doing fine” in about two weeks. It is common to think there is something wrong with us if our grief lasts “too long.”

The grieving process depends on our belief system, religion, life experiences, and the type of loss suffered. Many faiths and cultures have rituals for recognizing grief and loss during at least the first year after a death. We also expect other family members to show their grief in the same way we do, even when we can say that everyone grieves differently.

There is no right or wrong way to grieve; grief is an individual process. Many people find solace in sharing their grief with family and friends; others find solace by attending grief support groups offered in every community through their local hospice (even if you did not have hospice services). If you are feeling overwhelmed and concerned about your own grief process over time, seek professional help.

When someone dies suddenly, our first response is often denial, then shock, confusion, and pain. Fatal heart attacks and strokes, car accidents, and suicide can leave family members troubled and searching for answers. In these cases, family members may be left with unresolved issues, such as guilt, anger, anxiety, despair, and feelings of emptiness. Sometimes we have to learn to forgive ourselves and our loved one who died. It can take longer to heal from this loss and it is important to give yourself time to grieve before pushing yourself to “move on.” Getting support from family, clergy, friends, and grief groups can help.

## ***Symptoms of Grief***

Grief affects our whole being—physically, socially, emotionally, and spiritually. Each of us will have different symptoms. If you have had a previous loss, you may experience grief this time in a similar or different way, depending on the situation, your relationship with the deceased, and other significant emotional factors in your life. Culture, religion, and social norms influence what we are comfortable showing to others and even what we are comfortable admitting to ourselves.

### ***Physical***

- Crying
- Sighing
- Low energy/exhaustion/weakness/fatigue
- Headaches
- Stomachaches, loss of appetite
- Eating too much, particularly comfort foods
- Sleep disturbance—too much or too little, disturbed dreams
- Feelings of heaviness, aches, pains
- Being super-busy or pushing yourself to do too much
- Reckless, self-destructive activities, such as drinking too much

### ***Social***

- Feeling alone
- Wanting to isolate yourself from socializing, finding it hard to pretend to feel OK, being pressured to be social by others
- Feeling detached from others
- Angry that others' lives are going on as usual and yours isn't
- Not wanting to be alone, feeling needy and clingy

### ***Emotional***

- Sadness, crying spells
- Anger/frustration/rage
- Confusion/feeling overwhelmed

- Guilt
- Worry/anxiety/panic
- Yearning
- Edginess/irritability
- Memory problems, feeling distracted, preoccupied
- Depression
- Euphoria
- Passive resignation
- Fluctuating emotions
- Sense of lack of control
- Fear that others might see you as “unreasonable” or “overreacting”

### ***Spiritual***

- Questioning your faith/meaning of life/suffering
- Questioning reason for the death/disease
- Anger at God
- Coming closer to faith/God for solace

### ***Helping Those Who Are Grieving***

We often feel uncomfortable when approaching someone we know who is grieving. It is hard to know what to say or do. Here are some tips:

- Be available. Offer support in an unobtrusive but persistent manner.
- Listen without giving advice.
- Do not offer stories of your own experiences with grief. This can have the effect of dismissing the grieving person’s pain.
- Allow the grieving person to use expressions of anger or bitterness, including such expressions against God. This may be normal behavior in an attempt to find meaning in what has happened.
- Realize that no one can replace or undo the loss. To heal, individuals must endure the grief process. Allow them to feel the pain.

- Be patient, kind, and understanding without being patronizing. Don't claim to know what the other person is feeling.
- Don't force individuals to share feelings if they don't want to.
- Physical and emotional touch can bring great comfort to the bereaved. Don't hesitate to share a hug or handclasp when appropriate.
- Be there later, when friends and family have all gone back to their routines.
- Remember holidays, birthdays, and anniversaries that have important meaning for the bereaved. Offer support during this time.
- Don't be afraid of reminding the person of the loss; he or she is already thinking about it. Share stories and memories of the deceased.
- Send cards or flowers, deliver a meal, offer to do chores, or donate to a cause that is important to the person who died or who is grieving.

### ***Taking Care of YOU***

Taking care of yourself in difficult times is hard. Trusting your own process will help you to do what you need to do in order to best take care of yourself. Acknowledging your feelings—good and bad—will help you to cope better with whatever is happening. Read, journal, get support, cocoon, or do whatever is nurturing for you.

#### **The above-referenced work and more information can be found at:**

Family Caregiver Alliance/National Center on Caregiving

Phone: (800) 445-8106 Website: <https://www.caregiver.org>

Email: [info@caregiver.org](mailto:info@caregiver.org)

Family Care Navigator: <https://www.caregiver.org/family-care-navigator>



## ***Other Thoughts***

In his book *When Someone Dies*, Edgar Jackson says that asking the right questions helps one find good responses to grief and separation. Try asking these questions:

“How can I face this tragic event so that I will not only live through it, but grow through it?” (instead of “Why did life do this to me?”)

“How shall I now live?” (instead of “What is life doing to me?”)

“How can I lay hold of resources that will sustain me, bring me up?” (instead of, “Why is life bringing me down?”)

“Who is in a similar situation and how may I be of help to that person?” (instead of “Why did this happen to me?”)

## ***Helping Children Understand Death***

Edgar Jackson writes in *When Someone Dies*, “Often we think children are too young to understand death. We feel grief is for adults only. So we may neglect children when death occurs. But few crises have the impact that death does on children. They have a long life ahead of them and anything we can do to help make the way smoother for them will pay dividends of happiness and release from stress for them for years to come.”

Death is a mystery to all of us. To children it is a strange, magic, incomprehensible affair. Adults can verbalize their feelings about the mystery and the loss. Children cannot. They can, however, and usually do, express their feelings in behavior. Dependency or boisterousness, depression or anger, we are not sure how the feeling will be expressed. As adults, we must gently help the child accept the feelings. “It’s all right to be angry. It’s all right to be frightened.”

Sometimes the young child feels guilty. Calm reassurance is called for, but intellectual explanations don’t help. The child wants to know he or she is loved, will not be left alone. Do not try to teach the child more than the child can comprehend or wants to know.

Teaching should begin long before any crisis, long before the death occurs. Answer questions simply, briefly, and honestly. Do not teach something that has to be unlearned later. Be ready to share in feelings brought out by the death of pets, or stories read, or TV shows seen.

Do not—because of your own grief—make the child into the caretaker, having to support you. Be honest with your own emotions, but don't overwhelm the child with them.

And, should the child be allowed to go to the funeral? The answer is Yes. The child is a part of the family, and at the time of the loss, especially of a parent, needs to feel included. Say to them, by including them, "We all feel grief. We all experience the loss. We all stand together and support each other. We all express our love together, as a family, for one who has died, and for each other."

## Appendix A

### **SUGGESTIONS FOR FURTHER READING**

*Being Mortal: Medicine and What Matters in the End.* Atul Gawande, MD. Metropolitan Books, 2014.

*Care of the Soul.* Thomas Moore. Harper Perennial, 1992.

*Dying Well: Peace and possibilities at the end of life.* Ira Byock, MD. Riverhead Books, 1997.

*Faithful Living, Faithful Dying: Anglican reflections on end of life care.* Cynthia B. Cohen, et al. Morehouse Publishing, 2000.

*The Five Invitations: Discovering what death can teach us about living fully.* Frank Ostaseski, MD. Flatiron Books, 2017.

*Gone from My Sight: The dying experience.* Barbara Karnes, RN. Online at [www.bkbooks.com](http://www.bkbooks.com).

*Healing and the Mind.* Bill Moyers. Doubleday, 1993.

*Man's Search for Meaning.* Viktor Frankl. Pocket Books, 1959.

*Minding the Body, Mending the Mind.* Joan Borysenko. Bantam Books, 1987.

*Peaceful Dying.* Daniel R. Tobin, MD. Perseus Books, 1999.

*Toward a Good Christian Death: Crucial treatment choices.* Committee on Medical Ethics, Episcopal Diocese of Washington. Morehouse Publishing, 1999.

*Tuesdays with Morrie.* Mitch Albom. Broadway, 2002.

*When Bad Things Happen to Good People.* Harold S. Kushner. Avon, 1983.

## ***For Children***

*I Heard the Owl Call My Name.* Margaret Craven. Doubleday, 1973.

*The Tenth Good Thing About Barney.* Judith Viorst. Atheneum, 1971.

*What's Happening to Grandpa?* Maria Shriver. Little Brown, 2004.

*Why Do People Die?* Cynthia MacGregor. Citadel Press, 2002.

## Appendix B

### **RESOURCES**

#### **Anatomy Bequest Program at the University of Minnesota**

University of Minnesota Medical School, 420 Delaware Street SE, Minneapolis, MN 55905 (507-284-2693)

<https://med.umn.edu/research/anatomy-bequest-program>

**“CHOICES”** A publication of the Mortuary Science Section of the MN Dept of Health <https://www.health.state.mn.us/facilities/providers/mortsci/docs/choices.pdf>

#### **Block Nurse (Living at Home Block Nurse Program)**

Phone numbers for neighborhood Block Nurse programs:

Como-Park/Falcon Heights      651-642-1127

Highland Park                      651-696-8425

Macalester-Groveland            651-696-6882

Merriam Park                        651-646-2301

North End-South Como            651-487-5135

St. Anthony Park                    651-642-9052

#### **Body Donation at Mayo Clinic**

Department of Anatomy, Mayo Clinic, Stabile Building 9-38, 200 First St. SW, Rochester, MN 55905 (507-284-2693) <https://www.mayoclinic.org/body-donation/overview>

#### **The Cremation Society of Minnesota**

(612-825-2435)

<http://www.cremationsocietyofmn.com/>

#### **Family Caregiver Alliance / National Center of Caregiving**

<https://www.caregiver.org> or contact [info@caregiver.org](mailto:info@caregiver.org)

Family Care Navigator <https://www.caregiver.org/family-care-navigator>

### **Five Wishes**

Five Wishes is a complete approach to discussing and documenting your care and comfort choices. It's about connecting families, communicating with healthcare providers, and showing your community what it means to care for one another.

<https://fivewishes.org/>

### **Funeral Consumers Alliance of Minnesota**

Local affiliate: 900 Mt Curve, Minneapolis, MN 55403 (651-587-6347)

<http://www.funerals.org/>

**Green Burial**—Green burial is an opportunity that you may wish to explore further. There are many informative commercial websites available. As resources are evolving and expanding, the following list may be useful as a starting point for your research.

<https://fcaofmn.org/green-burial.html>

<https://www.pca.state.mn.us/grave-matters>

<https://www.greenburialcouncil.org/>

<http://www.prairieoaks.com/choosing-green>

### **Hospice Minnesota**

(651-917-4616)

<http://www.mnhpc.org>

**LifeSource, Upper Midwest Organ Procurement Organization, Inc.** A not-for-profit organization designated by the federal government to manage all aspects of organ donation in Minnesota, North Dakota, South Dakota, and portions of western Wisconsin. LifeSource also manages tissue recovery programs in the region.

(612-800-6100 or 1-888-5DONATE)

<http://www.life-source.org/>

### **Minnesota Board on Aging**

A source for Minnesota Healthcare Directive forms (651-431-2500)

<http://www.mnaging.org/>

**Senior LinkAge Line®** (800-333-2433) One-stop call for free information and assistance to “help simplify the complex issues and decisions you face every day as a senior, Baby Boomer, Medicare beneficiary, caregiver, or someone trying to reduce prescription drug costs.”

## **Appendix C**

### ***PRAYERS, SCRIPTURE, POEMS, REFLECTION, AND HYMNS***

#### ***PRAYERS***

##### ***At the time of death***

Gracious God,  
nothing in death or life,  
in the world as it is or the world as it shall be,  
nothing in all creation can separate us from your love.

We commend [*NAME*] into your loving care.  
Enfold them in the arms of your mercy.  
Bless them in them dying and in their rising again in you.  
Bless those whose hearts are filled with sadness,  
that they too may know the hope of resurrection;  
for the sake of our Savior Jesus Christ. Amen.

Go forth on your journey from this world,  
in the love of God who created you,  
in the mercy of Jesus the Redeemer,  
in the power of the Holy Spirit who keeps you in life eternal.  
May you dwell this day in peace,  
and rest in the presence of God. Amen.

##### ***For healing***

God be your comfort, your strength;  
God be your hope and support;  
God be your light and your way;  
and the blessing of God,  
Creator, Redeemer and Giver of life,  
remain with you now and forever. Amen.

God our Comforter,  
you are a refuge and a strength for us,  
a helper close at hand in times of distress.  
Help us so to hear the words of our faith  
that our fear is dispelled,  
our loneliness eased, and our hope reawakened.  
May your Holy Spirit lift us

above our natural sorrow  
to the peace and light of your constant love. Amen.

**SCRIPTURE (from the PCUSA Book of Common Worship)**

**OLD TESTAMENT**

Job 19:23–27	I know that my redeemer lives
Isa. 40:1–11, 28–31	Comfort my people
Isa. 40:28–31	Those who wait for the Lord shall renew their strength
Isa. 43:1–3a, 18–19, 25	When you pass through the waters, I will be with you
Isa. 55:1–3, 6–13	Ho, everyone who thirsts
Isa. 65:17–25	I create new heavens and a new earth
Joel 2:12–13, 23–24, 26–29	Return to the Lord with all your heart

**At the loss of a child**

Zech. 8:1–8	Children playing in the streets of the city
Isa. 65:17–25	I create new heavens and a new earth

**For those whose faith is unknown**

Eccl. 3:1–15	For everything there is a season
Lam. 3:1–9, 19–23	The Lord’s steadfast love

**PSALMS**

The following psalms are appropriate for singing or reading in the service.

Ps. 23	The Lord is my shepherd
Os. 42:1–6a	As a deer longs for flowing streams
Os. 46:1–5, 10–11	A very present help in trouble
Os. 90:1–10, 12	Teach us to number our days
Ps. 121	I lift up my eyes to the hills
Ps. 130	Out of the depths I cry to the Lord
Os. 139:1–12	Where shall I go from your spirit?
Ps. 146	Hallelujah! Praise the Lord, O my soul

**EPISTLES**

Rom. 8:14–23, 31–39	Nothing can separate us from the love of God
Rom. 14:7–9, 10b–12	Whether we live or die, we are the Lord’s
1 Cor. 15:20–24a	In Christ shall all be made alive
1 Cor. 15:35–44	The natural body and the spiritual body



1 Cor. 15:50–57	We shall all be changed
2 Cor. 4:16–5:1	Visible things are temporary, invisible things eternal
Eph. 1:11–2:1, 4–10	Saved by grace through faith
Col. 3:1–17	Set your minds on the things that are above
2 Tim. 2:8–13	If we died with him, we shall also live with him
Heb. 11:1–3, 13–16; 12:1–2	Faith, the pilgrimage, the cloud of witnesses
1 John 3:1–3	We are children of God
Rev. 14:1–3, 6–7, 12–13	Rest for the saints
Rev. 21:1–4, 22–25; 22:3–5	A new heaven and a new earth

***For those whose faith is unknown***

Rom. 2:12–16	The law written on the heart
Rom. 14:7–9, 10c–12	None of us live to ourselves

***GOSPELS***

Matt. 5:1–12a	The Beatitudes
Matt. 11:25–30	Hidden from the wise, revealed to infants
Luke 7:11–17	Jesus raises the son of the widow of Nain
Luke 18:15–17	We enter the kingdom only as children
Luke 23:33, 39–43	Today you will be with me in Paradise
John 11:17–27	I am the resurrection and the life
John 11:38–44	Lazarus raised from the dead
John 14:1–6, 25–27	Let not your hearts be troubled

***At the loss of a child***

Matt. 18:1–5, 10	The greatest in the kingdom of heaven
Mark 10:13–16	Let the children come to me

***For those whose faith is unknown***

Matt. 25:31–46	As you did it to one of the least of these
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## **REFLECTION**

*Based on words by Henri Frederic Amiel*

Life is short,  
And we do not have much time  
to gladden the hearts of those who  
make the journey with us.  
So... be swift to love,  
and make haste to be kind.  
And the blessing of God,  
who made us,  
who loves us,  
and who travels with us  
be with you now and forever.

## **POEMS**

### **When Great Trees Fall**

*by Maya Angelou*

When great trees fall,  
rocks on distant hills shudder,  
lions hunker down  
in tall grasses,  
and even elephants  
lumber after safety.

When great trees fall  
in forests,  
small things recoil into silence,  
their senses  
eroded beyond fear.

When great souls die,  
the air around us becomes  
light, rare, sterile.  
We breathe, briefly  
Our eyes, briefly,  
see with  
a hurtful clarity.

Our memory, suddenly sharpened,  
examines,  
gnaws on kind words  
unsaid,  
promised walks  
never taken.

Great souls die and  
our reality, bound to  
them, takes leave of us.

Our souls,  
dependent upon their  
nurture,  
now shrink, wizened.

Our minds, formed  
and informed by their  
radiance, fall away.

We are not so much maddened  
as reduced to the unutterable ignorance of dark, cold  
caves.

And when great souls die,  
after a period, peace blooms,  
slowly and always  
irregularly. Spaces fill  
with a kind of  
soothing electric vibration.

Our senses, restored, never  
to be the same, whisper to us.

They existed. They existed.

We can be. Be and be  
better. For they existed.

## **In Blackwater Woods**

*by Mary Oliver*

Look, the trees  
are turning  
their own bodies  
into pillars  
of light,  
are giving off the rich  
fragrance of cinnamon  
and fulfillment,  
the long tapers  
of cattails  
are bursting and floating away over  
the blue shoulders  
of the ponds,  
and every pond,  
no matter what its  
name is, is  
nameless now.  
Every year  
everything  
I have ever learned  
in my lifetime  
leads back to this: the fires  
and the black river of loss  
whose other side  
is salvation,  
whose meaning  
none of us will ever know.  
To live in this world  
you must be able  
to do three things:  
to love what is mortal;  
to hold it  
against your bones knowing

your own life depends on it;  
and, when the time comes to let it go,  
to let it go.

## **Heavy**

*by Mary Oliver*

The time I thought I could not  
go any closer to grief  
without dying  
I went closer  
and I did not die.  
Surely God had His hand in this,  
as well as friends,

Still, I was bent,  
and my laughter,  
as the poet said,  
was nowhere to be found.  
Then said my friend Daniel  
(brave even among lions),  
“It’s not the weight you carry  
but how you carry it—  
books, bricks, grief—  
it’s all in the way  
you embrace it, balance it, carry it  
when you cannot, and would not,  
put it down.”

So I went practicing. Have you noticed?  
Have you heard the laughter  
that comes, now and again,  
out of my startled mouth?  
How I linger  
to admire, admire, admire  
the things of this world  
that are kind, and maybe  
also troubled—  
roses in the wind,

the sea geese on the steep wave,  
a love  
to which there is no reply?

### **We Remember Them**

*by Sylvan Kamens and Rabbi Jack Riemer*

At the rising sun and at its going down,  
We remember them.

At the blowing of the wind and in the chill of winter,  
We remember them.

At the opening of the buds and in the rebirth of spring,  
We remember them.

At the blueness of the skies and in the warmth of summer,  
We remember them.

At the rustling of the leaves and in the beauty of the autumn,  
We remember them.

At the beginning of the year and when it ends,  
We remember them.

As long as we live, they too will live, for they are now a part of us as  
We remember them.

When we are weary and in need of strength,  
We remember them.

When we are lost and sick at heart,  
We remember them.

When we have decisions that are difficult to make,  
We remember them.

When we have joy we crave to share,  
We remember them.

When we have achievements that are based on theirs,  
We remember them.

As long as we live, they too will live, for they are now a part of us as  
We remember them.

## **Heron Rises from the Dark, Summer Pond**

*by Mary Oliver*

So heavy  
is the long-necked, long-bodied heron,  
always it is a surprise  
when her smoke-colored wings

open  
and she turns  
from the thick water,  
from the black sticks

of the summer pond,  
and slowly  
rises into the air  
and is gone.

Then, not for the first or the last time,  
I take the deep breath  
of happiness, and I think  
how unlikely it is

that death is a hole in the ground,  
how improbable  
that ascension is not possible,  
though everything seems so inert, so nailed  
back into itself—  
the muskrat and his lumpy lodge,  
the turtle,  
the fallen gate.

And especially it is wonderful  
that the summers are long  
and the ponds so dark and so many,  
and therefore it isn't a miracle

but the common thing,  
this decision,  
this trailing of the long legs in the water,  
this opening up of the heavy body

into a new life: see how the sudden  
gray-blue sheets of her wings  
strive toward the wind; see how the clasp of nothing  
takes her in.

### **Talking to Grief**

*by Denise Levertov*

Ah, grief, I should not treat you  
like a homeless dog,  
who comes to the back door  
for a crust, for a meatless bone.  
I should trust you.

I should coax you  
into the house and give you  
my own corner,  
a worn mat to lie on,  
your own water dish.

You think I don't know you've been living  
under my porch.  
You long for your real place to be readied  
before winter comes. You need  
your name,  
your collar and tag. You need  
the right to warn off intruders,  
to consider  
my house your own  
and me your person  
and yourself  
my own dog.



## **To Speak**

*by Denise Levertov*

To speak of sorrow  
works upon it  
                  moves it from its  
crouched place barring  
the way to and from the soul's hall—  
Out in the light it  
shows clear whether  
shrunk or known as  
a giant wrath—  
                  discrete  
at least, where before  
its great shadow joined  
the walls and roof and seemed  
to uphold the hall like a beam.

## **Is Now**

*by Mark Van Doren*

Eternity is not to be pursued.  
Run, and it shortens; arrive, and it is shut:  
Forward or backward, nothing but the folds  
Of time; that you will tighten, fumbling them.

Eternity is only to be entered  
Standing. It is everywhere and still.  
Slow, and it opens: stop, and it is whole  
As love about your head, that rests and sees.

Eternity is now or not at all:  
Waited for, a wisp: remembered, shadows.  
Eternity is solid as the sun:  
As present; as familiar; as immense.

## **When Death Comes**

*by Mary Oliver*

When death comes  
like the hungry bear in autumn;  
when death comes and takes all the bright coins from his purse  
to buy me, and snaps the purse shut;  
when death comes  
like the measles-pox;  
when death comes  
like an iceberg between the shoulder blades,  
I want to step through the door full of curiosity, wondering:  
what is it going to be like, that cottage of darkness?  
And therefore I look upon everything  
as a brotherhood and a sisterhood,  
and I look upon time as no more than an idea,  
and I consider eternity as another possibility,  
and I think of each life as a flower, as common  
as a field daisy, and as singular,  
and each name a comfortable music in the mouth  
tending as all music does, toward silence,  
and each body a lion of courage, and something  
precious to the earth.  
When it's over, I want to say: all my life  
I was a bride married to amazement.  
I was the bridegroom, taking the world into my arms.  
When it is over, I don't want to wonder  
if I have made of my life something particular, and real.  
I don't want to find myself sighing and frightened,  
or full of argument.

## **LET EVENING COME**

*by Jane Kenyon*

Let the light of late afternoon  
shine through chinks in the barn, moving up the bales as the sun moves down.

Let the cricket take up chafing  
as a woman takes up her needles and her yarn. Let evening come.

Let dew collect on the hoe abandoned in long grass.

Let the stars appear and the moon disclose her silver horn.

Let the fox go back to its sandy den. Let the wind die down.

Let the shed go black inside. Let evening come.

To the bottle in the ditch, to the scoop in the oats, to air in the lung  
let evening come.

Let it come, as it will, and don't be afraid. God does not leave us comfortless, so  
let evening come.

## ***HYMNS***

Swing Low, Sweet Chariot

The Strife is O'er

For All the Saints

When the Saints Go Marching In

I Sing a Song of the Saints of God

Abide with Me

Amazing Grace

Great is Thy Faithfulness

Just a Closer Walk with Thee

Our God, Our Help in Ages Past

When We Are Living

Hymn of Promise