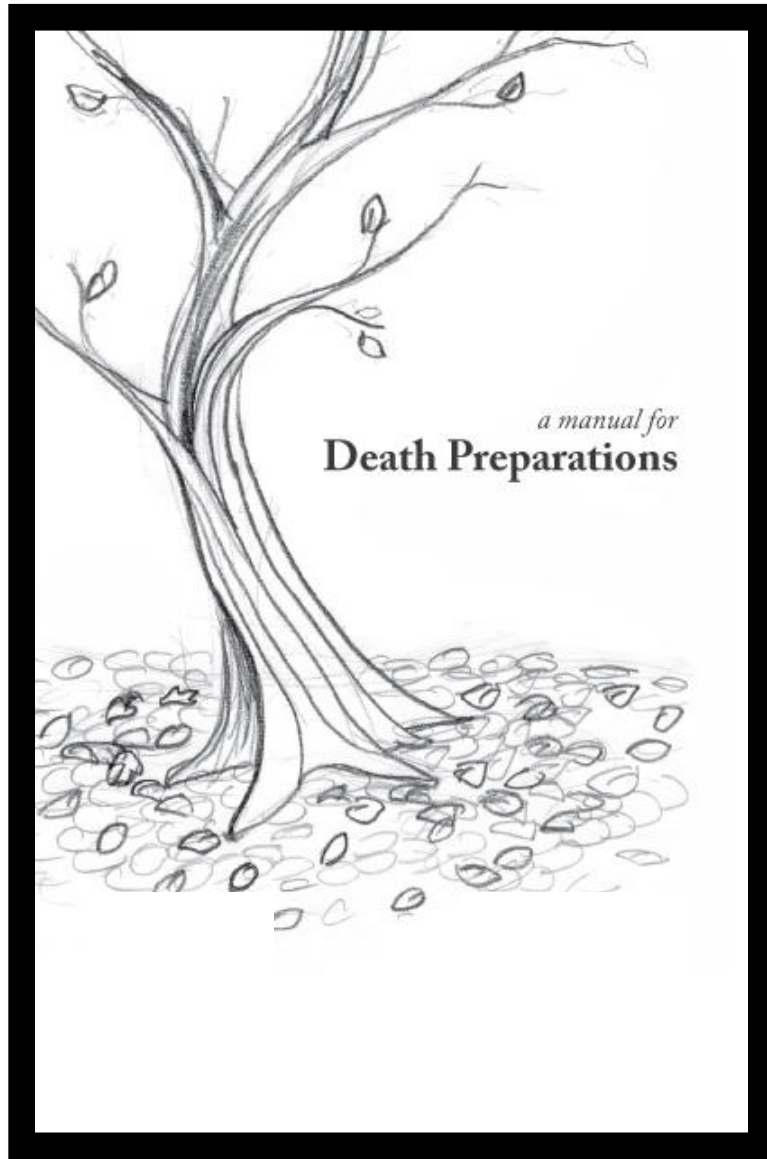


a manual for
Death Preparations

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**The Mennonite Church of Normal
Wellness Committee**



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Facing the Reality of Death

This booklet has been prepared by the Mennonite Church of Normal. It is an invitation to think about, talk about, and implement definite plans in preparation for the event of death. The church's intention is to simplify the funeral process, to minimize the cost, and to give guidance regarding some of the necessary and important decisions. It is beneficial to all (to you and your loved ones) to make thoughtful and careful plans while not under emotional stress.

Our society has been labeled the "death denying society". We tend to avoid death in every possible way and hide it from our conscious awareness. Our human ability to look ahead and make plans is a God given gift. We believe that making some plans for our death reflects our faith in God and our concern for our loved ones and friends. Sooner or later, it is necessary for each one of us to accept the reality of death in its spiritual, psychological, and physical dimensions. When we think about death's implications in advance and discuss our thoughts with the faith community, it allows us to experience acceptance and wholeness. Consequently, it becomes important for us to work out ways for dealing with death before it comes.

We recognize that the physical manner and setting of death is not of our own choosing. The circumstances vary so widely that it is often impossible to make preparations in the moment. Therefore, it becomes even more urgent for each of us to do some thinking and to assume some of the responsibilities by indicating our wishes and suggesting guidelines for a course of action in advance of our own death.

Resources of the Christian Faith and the Congregation

Someone has said, “There are worse things than a good, Christian death.” This is true because even dying and death do not separate us from the love of God. We do not walk alone as we die. The Christian faces death with the sense of God’s goodness. To be sure, there are death’s realities to face: we die and our bodies decay. But, by the mighty and mysterious acts of resurrection, God transforms us for eternal fellowship with God. Our Christian faith claims that we are not cast off at the point of death. The possibility of “being made alive” with God is a key claim of our New Testament scriptures. We believe and can trust in God’s grace as followers of Jesus Christ.

The church family is also a source of support and help when dealing with the dying process. Facing the realities of death can challenge the tenets of faith. This is where the Body of Christ is made real through the loving support of the pastoral staff and congregation. In the dying process, and as death comes, it can be an invaluable resource to receive the love and care of others, both for the one who is dying, and for his/her family. The prayers and caring acts of the household of faith are a profound ministry to those experiencing loss and grief. The helping people – loved ones, the congregation, the pastors – who stand with others during illness/loss and grief serve as tangible resources for support and strength at a time of deep need.

Resources Offered by the Mennonite Church of Normal

The Mennonite Church of Normal provides resources to its members and regular attendees as they face end-of-life questions and make plans for their eventual death. By early planning, members can make rational choices without the pressure of grief and sorrow at the time of death. Early planning also allows discussion of plans with family and friends, so that they are prepared to carry out the wishes of the deceased. Many people have found a sense of relief and freedom in prior planning.

Preplanning

Individuals are invited to share their thoughts and feelings about death and their wishes regarding funeral plans with one of the pastors for the time when death comes. These suggestions can be placed in a funeral file. They can always be changed or adapted as necessary.

Pastors and the Congregation

When a death occurs, one of the pastors is prepared to represent the faith community and help mobilize resources of the congregation in appropriate ways. For many people, circles of church friends become significant care support at the time of death.

The church is prepared to help plan a funeral or memorial service. It is a time for the appropriate remembrances and the celebration of the person's life, while providing an opportunity for the community to reach out to God in a service of worship. The pastor will help plan the service and will arrange for contacting the people the family wishes to participate. The visitation and funeral/memorial service will allow the grieving church community and the community at large an opportunity to express to care for the family and to honor the deceased.

Types of Assistance

- **Funeral Home Support:** Someone from the church may go with the family to the funeral home to help with decisions regarding the selection of services needed.
- **Casket Option:** A number of members of the congregation have made or assisted in the construction of a casket at minimal cost. Also, the pastoral staff or the church office may have information regarding sources of pre-fabricated or ready-made wooden caskets.
- **Visitation Set-up:** Church members can assist in setting up the church for the visitation and/or the funeral or memorial service.
- **Meals:** A meal is provided for the family and close friends on the day of the service. On some occasions, a reception with refreshments for all funeral guests may be served.
- **Grief support:** The pastoral staff are available for grief counseling and support.
- **Resources in the church library:** The church library has a collection of books on dying, death and grief.
- **Support information:** The church can supply information concerning referrals to people/agencies who have expertise in areas of particular need.

The Stewardship of Dying

All of life is a gift of God. This gift includes our final days and our death. As a church, we encourage members to live graciously and generously with the blessings God has bestowed. Our decisions concerning death are part of our life stewardship. As such, it would be helpful to consider the following in order to plan appropriately:

1. Have an up-to-date will. A will legally establishes your wishes in several important ways. It spells out your desires concerning the distribution of your possessions and the care of your loved ones. A will eliminates the possibility of the state determining these matters. Your decisions also reflect your values of Christian stewardship.

Some decisions you will need to make include:

- Choose a competent executor to settle your estate.
- Elect a guardian to provide a good Christian home for minor children.
- Seek the services of an attorney to document your wishes in the necessary legal language.
- Decide how you want your estate divided, gifting your family and designating the work of the Lord.
- Will templates are available.

Consider discussing with an attorney the possible benefits of a living trust as an alternative to a will. Depending upon the value of one's estate and/or the kinds of assets held, a living trust might offer significant advantages. Because a trust does not need to go through probate court, it may reduce or eliminate the probate expenses and gives you greater privacy.

2. Let your family know where everything is. A carefully written will is of no value unless it can be found. Prepare a memorandum to your survivors stating the location of your will, insurance policies, tax returns, safety deposit boxes and keys, burial lots, stock certificates and deeds. Outline funeral and burial wishes. Sign and date the memorandum and give copies to your children or other family members. Instructions should be reviewed at least every three to five years or whenever there are major changes in your life. The pastors are available for consultation in this process.

3. Consider Advance Directives. Advance directives are written statements that express your preferences and wishes about health care decisions (especially end-of-life care) when you can no longer speak for yourself. There are two major types of advance directives:

- A Living Will
- Durable power of attorney for health care (DPAHC)
- See page 15 for more details.

4. Plan your funeral. Visit a funeral director now and ask for a range of services and their prices. Keep in mind that the Mennonite Church of Normal can offer some services to help minimize your funeral expenses. (Traditionally, Mennonites have been models in their values and have opted for a less expensive service and casket.) With your spouse, family members, or other trusted friends, select the services in the price range that reflect your Christian values. Estimate the cost of the funeral and burial arrangements you desire. Consult with an advisor about advantages and disadvantages of payment plans.

5. Prepare your obituary. Fill out the Biographical Information form on page 30. Decide what information you would like to have included and the length of the obituary. Select a photograph you prefer to be used.

6. Select a burial plot, grave markers and vaults. Burial plots are important to plan in advance rather than left for others to decide. Gravestones or ground level markers require numerous decisions that are better when planned in advance. Not all cemeteries require vaults, but may charge an extra fill-in fee.

7. Organize your other financial affairs:

- **Investigate survivors' benefits from Social Security.** Upon your death if you are covered under Social Security, cash benefits may be available to your surviving spouse and/or children. Check with a Social Security office to see if you qualify and to receive an estimate of benefits that could be available.
- **Check your pension-plan death benefits.** The primary purpose of a pension plan is to provide continuing retirement benefits. Some plans include death benefits so that if you die before retirement, the plan makes payments to designated beneficiaries. Investigate the provisions of your pension plan.
- **Consider your life insurance needs.** Financial protection is the principal function of life insurance. Every situation is particular to each individual. Consult with your insurance advisor as to what best fits your needs as you face end-of-life issues.
- **If married, consider the implications of joint ownership.** Most couples own property in joint tenancy with rights of survivorship. When a spouse dies, the assets pass automatically to the surviving spouse. Joint ownership is not without its problems. Estate taxes may be higher. Safety deposit boxes may be sealed until an inventory can be taken of the contents. Joint ownership is not a substitute for a will. The larger your estate is the more you need to consider other kinds of ownership such as individual ownership, tenancy in common or revocable trusts. Check with an attorney or an estate planner to see which best fits your needs. Everence can offer resources that include faith, values, and financial considerations.
- **Estimate your estate's potential "death tax".** Your estate may be larger than you realize. List all of your assets on the basis of present fair market value. At death, the federal and the state governments impose an estate tax. The larger your estate, the more you may need careful estate planning to minimize these taxes. Consult an attorney or tax accountant.
- **Be sure the estate has adequate liquidity.** An executor will need enough cash to pay taxes and administration costs of settling the estate. Allow for adequate cash in savings accounts or readily marketable investments. Life insurance is another way to provide liquidity.

- **Consider transferring some assets during your lifetime.** Consider giving some of your things to children, heirs, or other recipients now. Also consider transferring some assets to church causes, either as outright contributions or into plans that provide lifetime income. There may be significant tax advantages. Gifts can include: cash, land, stocks or bonds, or treasured possessions. Designate some of your treasured possessions to your children or heirs, so that your wishes are known at the time of your death.
- **Seek counsel from Everence**
In addition to your attorney and your accountant, Everence is a source of guidance and counsel. It is particularly interested in helping Mennonites become faithful stewards of accumulated possessions. Older persons should inquire about charitable trust arrangements or about including your favorite church charities with a bequest. Everence can be reached at 1110 North Main Street, Goshen, IN and/or at 219-533-9511.
- **Consider establishing a memorial fund.** Memorial funds are a way of perpetuating charitable causes you believe in deeply. It is a tangible way for friends to express their grief. Memorial fund responses may be significant enough to establish a continuing endowment or to put into place a specific piece of equipment for your favorite charity. Include memorial instructions on the pre-arrangement sheet filed with the funeral director and in the church office.

Advance Directives Information

Additional information and forms are available in the Appendix A on page 15. These forms include Statement of Illinois Law on Advance Directives & DNR Orders, Living Will Declaration, Declaration for Mental Health Treatment, Power of Attorney for Health Care, & DNR Practitioner Orders. Links are also available at www.normalmennonite.org

It is a wise move to assign to a trusted loved one to serve as your representative as a durable power of attorney for health care (DPAHC). By your designating a power of attorney (POA) to a trusted family member, friend or attorney, you legally allow him/her to make decisions on your behalf if you become unconscious, unable to communicate, or unable to make sound judgments and decisions. The POA is able to conduct your financial and business affairs. The DPAHC is given the authority to make health care decisions.

There are two forms of advance directives:

- a. **A Living Will** is an instrument that expresses your wishes for health care under certain circumstances. It is used by physicians, hospitals, nursing homes, and family members if and when you have an incurable injury, disease, or illness, and your death will occur within a short period of time.
- b. **A Durable Power of Attorney for Health Care** allows you to designate a person to make decisions for health care on your behalf if you are not able to speak for yourself. You do not have to have an incurable illness or be near death. This person does not have to be related to you. It is recommended that you consult with any person you choose before designating them as your durable power of attorney. It is important to choose someone who is familiar with your wishes and beliefs and feels able to take these responsibilities on your behalf.

Executing *both* documents is recommended. Both have a place and fill a specific need. Executing a living will and durable power of attorney for health care do not require the services of a lawyer, but the power of attorney document must be notarized. It is appropriate to request legal assistance in executing these documents, especially if you anticipate family dissension over carrying out the specified wishes.

Copies of advance directives should be given to one or two family members, the church office, your physician, hospital, and attorney. At hospitals or nursing homes, you must present a copy upon admission to the facility. It is wise to carry a card indicating the existence of your advanced directive in case of illness or accident in another locality.

An advance directive can be revoked at any time by so stating either orally or in writing. Be sure to destroy all revoked copies and distribute new instructions to all who hold copies.

If a physician refuses to abide by the provisions of the advance directives, you should request another physician or seek legal advice.

The church office will refer you to church members with expertise in these matters if you have questions.

Funeral Planning

Types of Services

1. Funeral service: The body is present at the service. A brief graveside service and burial follow the funeral service.
2. Memorial Service: The body is not present. A graveside service and/or burial for the family is held prior to the memorial service.

Services offered by the funeral director

1. Clients can choose the services they desire from the funeral director. Costs for various services are itemized.
2. Pre-arrangement of funeral home services is possible for either certain selected services or complete funeral arrangements.

Typical Protocol for the Visitation and Funeral/Memorial Service

1. The service usually takes place three to five days after death for a funeral, but can be later if circumstances dictate it (like accommodating persons traveling from a distance).
2. Visitations often take place the day before the service and/or an hour prior to the service.

Viable options for body disposal

1. Burial
2. Cremation
3. Donating the body for medical research (This must be pre-arranged.)

Timing for disposition of the body

1. If death is natural and the family chooses burial, disposition can be arranged after proper filing of the death certificate, having secured a physician's signature and a burial permit.
2. If a death is accidental or a homicide, the coroner will be involved and the investigation may delay the process.
3. Autopsies may be done where there is a sudden or unexplained death or the family wants specific disease information for the family medical history. The decision can be communicated to the doctor or the funeral home. If the death occurs in the hospital, the decision should be made before the body is taken from the hospital. There is no cost to the family if the doctor or the coroner feels an autopsy is necessary and orders it to be done.

Embalming

1. If there is no viewing, embalming is not required in Illinois in most circumstances.
2. If the body is transported interstate, embalming is required.
3. If the body needs to be held over 24 hours for any reason, either embalming or refrigeration is needed.

Cremation

1. The closest crematory is located in Bloomington.
2. The body must be held 24 hours before cremation by Illinois law to avoid destroying evidence of foul play.
3. Embalming is not necessary if there is no public viewing.
4. A casket is not necessary, but some type of container is required. The crematory or funeral home has inexpensive containers. A casket also can be rented from a funeral home.
5. The funeral director takes care of the documents required for cremations (a death certificate and authorization permits) and makes all the arrangements.
6. The funeral director or the family and friends can transport the body to the crematory.
7. In general, direct cremation is less expensive than the usual viewing and earth burial practices. Viewing is possible and then cremation may follow the funeral service.
8. Ashes are returned to the family in a container. Urns are available from the funeral director but tend to be more expensive. The family can provide a container or urn of their choice.
9. Ashes can be buried at a cemetery. Some cemeteries may require a small container or vault.
10. The state of Illinois permits ashes to be scattered. If they are scattered on private property, the permission of the property owner is required. If they are scattered on one's own property, no permit is needed.

Burial Plots

1. Plots can be pre-arranged and paid for in advance or they can be purchased at the time of death by the funeral director or the family.
2. The Bloomington-Normal area has many cemeteries. The cost of a plot includes the plot and perpetual care. Most cemeteries require a vault.
3. Some rural burial grounds do not require a vault, but add a fill-in fee.
4. Members of the Mennonite Church of Normal have access to burial plots for a very reasonable cost in a cemetery owned by the church that is approximately seven miles northwest of the church.
5. An interment fee is charged.

Death Certificate

A physician and the funeral director sign the death certificate. It is filed with the County Health Department. Copies are available through the funeral director. Families should purchase at least five certified copies. Copies are needed when settling the estate for such things as life insurance policies, investments, transfer of property, etc. If additional copies are needed, they can be purchased from the Health Department at a later time.

Body or Organ Donation

1. Donating the body to medical education and research

If you plan to donate your body for medical research, you must make arrangements in advance with a medical school. The funeral director can provide the necessary information, including the registration form from the medical school. A fee is charged at the time of registration. The medical school will keep a copy of the forms in their files and you will keep a copy. At the time of death, the funeral director will make the appropriate arrangements.

After the research is completed, the body is cremated. The medical school will bury the ashes or return them to the family, as you prefer. Check with the school regarding their specific policies

2. Donating organs for transplants

You need to declare in advance that you wish to donate acceptable organs at the time of your death. In Illinois, the front of the driver's license has a place to indicate your desire to donate organs.

Suitable circumstances for major-organ donation (heart, lung, liver and kidney) typically arise from sudden, traumatic deaths of otherwise healthy people. Discussions between medical personnel and families who are allowing the organ donation will occur rapidly. Prior signed statements from victims are not mandatory if family members are unified in their desire to give life to someone else through organ donation. While major organ donation may require a decision before brain death is certified, other organs such as skin, bone and eyes can be donated within the hours after death. Gifts of body parts can be a source of home and comfort to families in otherwise tragic circumstances.

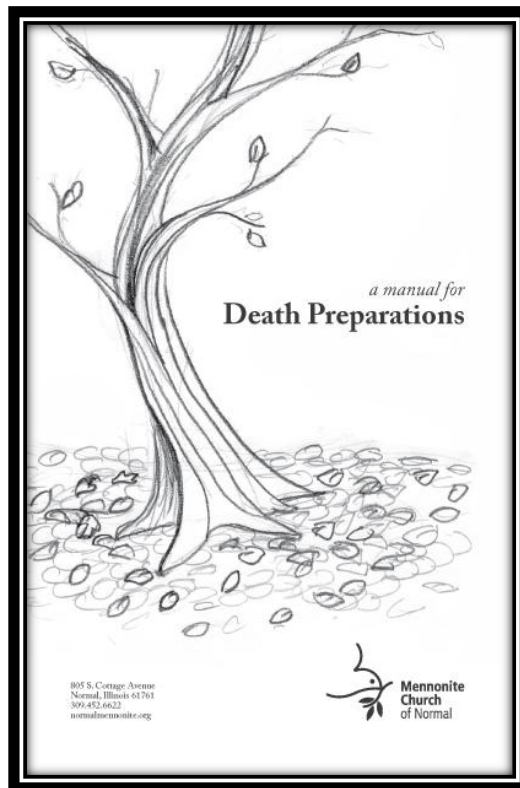
Currently, in Illinois, hospitals are required to notify an organ procurement organization (OPO) of every death occurring in the hospital. The family is approached only if the OPO determines that the body may have organs suitable for donation. It is possible to have a conventional viewing and funeral after the removal of body parts.

Conclusion

Life and death are filled with difficult decisions. Planning ahead for one's death is the ultimate gift to loved ones. Using this manual is an opportunity to create an organized, thoughtful collection of your wishes that are to be carried out when they are needed. By following the guidelines in this booklet and reflecting on your Christian values, you will be able to identify which aspects are important to you, resulting in a written record of your preferences. You will be able to express your love and concern for family and friends by relieving them of the burden of making so many important decisions while they are acutely grieving their loss.

While doing all of this is not an easy task, it is better to prepare for the future now, when you can thoughtfully research and prayerfully consider these decisions. You will benefit from asking for advice from the pastoral staff and other professionals. Ultimately, sharing open communication regarding your wishes with your loved ones will also be helpful. Completing this manual offers the opportunity to experience peace of mind and body when you have responsibly prepared for this final expression of your love of God.

Appendix A



- Statement of Illinois Law on Advance Directives & DNR Orders
- Living Will Declaration
- Declaration for Mental Health Treatment
- Power of Attorney for Health Care
- DNR Practitioner Orders

Advance Directives

STATEMENT OF ILLINOIS LAW ON ADVANCE DIRECTIVES AND DNR ORDERS

You have the right to make decisions about the health care you get now and in the future. An advance directive is a written statement you prepare about how you want your medical decisions to be made in the future, if you are no longer able to make them for yourself. A do not resuscitate order (DNR order) is a medical treatment order that says cardiopulmonary resuscitation (CPR) will not be used if your heart and/or breathing stops.

Federal law requires that you be told of your right to make an advance directive when you are admitted to a health-care facility. Illinois law allows for the following three types of advance directives: (1) health care power of attorney; (2) living will; and (3) mental health treatment preference declaration. In addition, you can ask your physician to work with you to prepare a DNR order. You may choose to discuss with your health-care professional and/or attorney these different types of advance directives as well as a DNR order. After reviewing information regarding advance directives and a DNR order, you may decide to make more than one. For example, you could make a health care power of attorney and a living will.

If you have one or more advance directives and/or a DNR order, tell your health-care professional and provide them with a copy. You may also want to provide a copy to family members, and you should provide a copy to those you appoint to make these decisions for you.

State law provides copies of sample advance directives forms. In addition, this webpage provides a copy of these forms and a copy of the Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive.

Health Care Power of Attorney

The **health care power of attorney** lets you choose someone to make health-care decisions for you in the future, if you are no longer able to make these decisions for yourself. You are called the "principal" in the power of attorney form and the person you choose to make decisions is called your "agent." Your agent would make health-care decisions for you if you were no longer able to make these decisions for yourself. So long as you are able to make these decisions, you will have the power to do so. You may use a standard health care power of attorney form or write your own. You may give your agent specific directions about the health care you do or do not want.

The agent you choose cannot be your health-care professional or other health-care provider. You should have someone who is not your agent witness your signing of the power of attorney. The power of your agent to make health-care decisions on your behalf is broad. Your agent would be required to follow any specific instructions you give regarding care you want provided or withheld. For example, you can say whether you want all life-sustaining treatments provided

in all events; whether and when you want life-sustaining treatment ended; instructions regarding refusal of certain types of treatments on religious or other personal grounds; and instructions regarding anatomical gifts and disposal of remains. Unless you include time limits, the health care power of attorney will continue in effect from the time it is signed until your death. You can cancel your power of attorney at any time, either by telling someone or by canceling it in writing. You can name a backup agent to act if the first one cannot or will not take action. If you want to change your power of attorney, you must do so in writing.

Living Will

A **living will** tells your health-care professional whether you want death-delaying procedures used if you have a terminal condition and are unable to state your wishes. A living will, unlike a health care power of attorney, only applies if you have a terminal condition. A terminal condition means an incurable and irreversible condition such that death is imminent and the application of any death delaying procedures serves only to prolong the dying process.

Even if you sign a living will, food and water cannot be withdrawn if it would be the only cause of death. Also, if you are pregnant and your health-care professional thinks you could have a live birth, your living will cannot go into effect.

You can use a standard living will form or write your own. You may write specific directions about the death-delaying procedures you do or do not want.

Two people must witness your signing of the living will. Your health-care professional cannot be a witness. It is your responsibility to tell your health-care professional if you have a living will if you are able to do so. You can cancel your living will at any time, either by telling someone or by canceling it in writing.

If you have both a health care power of attorney and a living will, the agent you name in your power of attorney will make your health-care decisions unless he or she is unavailable.

Mental Health Treatment Preference Declaration

A **mental health treatment preference declaration** lets you say if you want to receive electroconvulsive treatment (ECT) or psychotropic medicine when you have a mental illness and are unable to make these decisions for yourself. It also allows you to say whether you wish to be admitted to a mental health facility for up to 17 days of treatment.

You can write your wishes and/or choose someone to make your mental health decisions for you. In the declaration, you are called the "principal" and the person you choose is called an "attorney-in-fact." Neither your health-care professional nor any employee of a health-care facility in which you reside may be your attorney-in-fact. Your attorney-in-fact must accept the appointment in writing before he or she can start making decisions regarding your mental health treatment. The attorney-in-fact must make decisions consistent with any desires you express in your declaration unless a court orders differently or an emergency threatens your life or health.

Your mental health treatment preference declaration expires three years from the date you sign it. Two people must witness you signing the declaration. The following people may not witness your signing of the declaration: your health-care professional; an employee of a health-care facility in which you reside; or a family member related by blood, marriage or adoption. You may cancel your declaration in writing prior to its expiration as long as you are not receiving mental health treatment at the time of cancellation. If you are receiving mental health treatment, your declaration will not expire and you may not cancel it until the treatment is successfully completed.

Do-Not-Resuscitate Order

You may also ask your health-care professional about a **do-not-resuscitate order** (DNR order). A DNR order is a medical treatment order stating that cardiopulmonary resuscitation (CPR) will not be attempted if your heart and/or breathing stops. The law authorizing the development of the form specifies that an individual (or his or her authorized legal representative) may execute the IDPH Uniform DNR Advance Directive directing that resuscitation efforts shall not be attempted. Therefore, a DNR order completed on the IDPH Uniform DNR Advance Directive contains an advance directive made by an individual (or legal representative), and also contains a physician's order that requires a physician's signature. Before a DNR order may be entered into your medical record, either you or another person (your legal guardian, health care power of attorney or surrogate decision maker) must consent to the DNR order. This consent must be witnessed by one person who is 18 years or older. If a DNR order is entered into your medical record, appropriate medical treatment other than CPR will be given to you. This webpage provides a copy of the Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive that may be used by you and your physician. This webpage also provides a link to guidance for individuals, health-care professionals and health-care providers concerning the IDPH Uniform DNR Advance Directive.

What happens if you don't have an advance directive?

Under Illinois law, a health care "surrogate" may be chosen for you if you cannot make health-care decisions for yourself and do not have an advance directive. A health care surrogate will be one of the following persons (in order of priority): guardian of the person, spouse, any adult child(ren), either parent, any adult brother or sister, any adult grandchild(ren), a close friend, or guardian of the estate.

The surrogate can make all health-care decisions for you, with certain exceptions. A health care surrogate cannot tell your health-care professional to withdraw or withhold life-sustaining treatment unless you have a "qualifying condition," which is a terminal condition, permanent unconsciousness, or an incurable or irreversible condition. A "terminal condition" is an incurable or irreversible injury for which there is no reasonable prospect of cure or recovery, death is imminent and life-sustaining treatment will only prolong the dying process. "Permanent unconsciousness" means a condition that, to a high degree of medical certainty, will last permanently, without improvement; there is no thought, purposeful social interaction or sensory awareness present; and providing life-sustaining treatment will only have minimal medical benefit. An "incurable or irreversible condition" means an illness or injury for which there is no reasonable prospect for cure or recovery, that ultimately will cause the patient's death, that imposes severe pain or an inhumane burden on the patient, and for which life-sustaining treatment will have minimal medical benefit.

Two doctors must certify that you cannot make decisions and have a qualifying condition in order to withdraw or withhold life-sustaining treatment. If your health care surrogate decision maker decides to withdraw or withhold life-sustaining treatment, this decision must be witnessed by a person who is 18 years or older. A health care surrogate may consent to a DNR order, however, this consent must be witnessed by one individual 18 years or older.

A health care surrogate, other than a court-appointed guardian, cannot consent to certain mental health treatments, including treatment by electroconvulsive therapy (ECT), psychotropic medication or admission to a mental health facility. A health care surrogate can petition a court to allow these mental health services.

Final Notes

You should talk with your family, your health-care professional, your attorney, and any agent or attorney-in-fact that you appoint about your decision to make one or more advance directives or a DNR order. If they know what health care you want, they will find it easier to follow your wishes. If you cancel or change an advance directive or a DNR order in the future, remember to tell these same people about the change or cancellation.

No health-care facility, health-care professional or insurer can make you execute an advance directive or DNR Order as a condition of providing treatment or insurance. It is entirely your decision. If a health-care facility, health-care professional or insurer objects to following your advance directive or DNR order, then they must tell you or the individual responsible for making your health-care decisions. They must continue to provide care until you or your decision maker can transfer you to another health-care provider who will follow your advance directive or DNR order.

LIVING WILL DECLARATION

This declaration is made this _____ day of _____ (month, year). I, _____, born on _____, being of sound mind, willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed. If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent except for death delaying procedures, I direct that such procedures which would only prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by my attending physician to provide me with comfort care. In the absence of my ability to give directions regarding the use of such death delaying procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

Signed _____
City, County and State of Residence _____

The declarant is personally known to me and I believe him or her to be of sound mind. I saw the declarant sign the declaration in my presence (or the declarant acknowledged in my presence that he or she had signed the declaration) and I signed the declaration as a witness in the presence of the declarant. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or, to the best of my knowledge and belief, under any will of declarant or other instrument taking effect at declarant's death, or directly financially responsible for declarant's medical care.

Witness

Witness

History (Source: P.A. 85-1209.) Annotations Note. This section was Ill.Rev.Stat., Ch. 110 1/2, Para. 703. Rev 5/2012

Declaration for Mental Health Treatment

I _____, born on _____, being an adult of sound mind, willfully and voluntarily make this declaration for mental health treatment to be followed if it is determined by two physicians or the court that my ability to receive and evaluate information effectively or communicate decisions is impaired to such an extent that I lack the capacity to refuse or consent to mental health treatment. "Mental health treatment" means electroconvulsive treatment, treatment of mental illness with psychotropic medication, and admission to and retention in a health care facility for a period up to 17 days. I understand that I may become incapable of giving or withholding informed consent for mental health treatment due to the symptoms of a diagnosed mental disorder. These symptoms may include:

PSYCHOTROPIC MEDICATIONS If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding psychotropic medications are as follows:

_____ I consent to the administration of the following medications:

_____ I do not consent to the administration of the following medications:

Conditions or limitations: _____

ELECTROCONVULSIVE TREATMENT

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding electroconvulsive treatment are as follows:

_____ I consent to the administration of electroconvulsive treatment.

_____ I do not consent to the administration of electroconvulsive treatment.

Conditions or limitations: _____

ADMISSION TO AND RETENTION IN FACILITY

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding admission to and retention in a health care facility for mental health treatment are as follows:

_____ I consent to being admitted to a health care facility for mental health treatment.

_____ I do not consent to being admitted to a health care facility for mental health treatment.

This directive cannot, by law, provide consent to retain me in a facility for more than 17 days.

Conditions or limitations: _____

SELECTION OF PHYSICIAN (optional)

If it becomes necessary to determine if I have become incapable of giving or withholding informed consent for mental health treatment, I choose Dr. _____ of _____ to be one of the two physicians who will determine whether I am incapable. If that physician is unavailable, that physician’s designee shall determine whether I am incapable.

ADDITIONAL REFERENCES OR INSTRUCTIONS

Conditions or limitations:

ATTORNEY-IN-FACT

I hereby appoint:

NAME _____

ADDRESS _____

TELEPHONE# _____ to act

as my attorney-in-fact to make decisions regarding my mental health treatment if I become incapable of giving or withholding informed consent for that treatment.

Declaration for Mental Health Treatment

ATTORNEY-IN-FACT

If the person named above refuses or is unable to act on my behalf, or if I revoke that person’s authority to act as my attorney-in-fact, I authorize the following person to act as my attorney-in-fact:

NAME _____

ADDRESS _____

TELEPHONE# _____

My attorney-in-fact is authorized to make decisions that are consistent with the wishes I have expressed in this declaration or, if not expressed, as are otherwise known to my attorney-in-fact. If my wishes are not expressed and are not otherwise known by my attorney-in-fact, my attorney-in-fact is to act in what he or she believes to be my best interest.

(Signature of Principal/Date)

AFFIRMATION OF WITNESSES We affirm that the principal is personally known to us, that the principal signed or acknowledged the principal’s signature on this declaration for mental health treatment in our presence, that the principal appears to be of sound mind and not under duress, fraud or undue influence, that neither of us is: a person appointed as an attorney-in-fact by this document; the principal’s attending physician or mental health service provider or a

relative of the physician or provider; the owner, operator, or relative of an owner or operator of a facility in which the principal is a patient or resident; or a person related to the principal by blood, marriage or adoption. Witnessed By:

(Signature of Witness/Date)

(Printed Name of Witness)

(Signature of Witness/Date)

(Printed Name of Witness)

ACCEPTANCE OF APPOINTMENT AS ATTORNEY-IN-FACT

I accept this appointment and agree to serve as attorney-in-fact to make decisions about mental health treatment for the principal. I understand that I have a duty to act consistent with the desires of the principal as expressed in this appointment. I understand that this document gives me authority to make decisions about mental health treatment only while the principal is incapable as determined by a court or two physicians. I understand that the principal may revoke this declaration in whole or in part at any time and in any manner when the principal is not incapable.

(Signature of Attorney-in-fact/Date)

(Printed Name of Witness)

(Signature of Attorney-in-fact/Date)

(Printed Name of Witness)

NOTICE TO PERSON MAKING A DECLARATION FOR MENTAL HEALTH TREATMENT

This is an important legal document. It creates a declaration for mental health treatment. Before signing this document, you should know these important facts: This document allows you to make decisions in advance about three types of mental health treatment: psychotropic medication, electroconvulsive therapy, and short-term (up to 17 days) admission to a treatment facility. The instructions that you include in this declaration will be followed only if two physicians or the court believes that you are incapable of making treatment decisions. Otherwise, you will be considered capable to give or withhold consent for the treatments. You may also appoint a person as your attorney-in-fact to make these treatment decisions for you if you become incapable. The person you appoint has a duty to act consistent with your desires as stated in this document or, if your desires are not stated or otherwise made known to the attorney-in-fact, to act in a manner consistent with what the person in good faith believes to be in your best interest. For the appointment to be effective, the person you appoint must accept the appointment in writing. The person also has the right to withdraw from acting as your attorney-in-fact at any time. This document will continue in effect for a period of three years unless you become incapable of participating in mental health treatment decisions. If this occurs, the directive will continue in effect until you are no longer incapable. You have the right to revoke this document in whole or in part at any time you have been determined by a physician to be capable of giving or withholding informed consent for mental health treatment. A revocation is effective when it is communicated to your attending physician in writing and is signed by you and a physician. The revocation may be in a form similar to the following:

REVOCAION I, _____, willfully and voluntarily revoke my
declaration for mental health treatment as indicated

I revoke my entire declaration

I revoke the following portion of my declaration

_____ Date _____

Signed _____

(Signature of Principal)

I, Dr. _____, have evaluated the principal and determined that
he or she is capable of giving or withholding informed consent for mental health treatment.

Date _____

Signed _____

(Signature of Physician)

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you. This declaration will not be valid unless it is signed by two qualified witnesses who are personally known to you and who are present when you sign or acknowledge your signature. History (Source: P.A. 89-439, § 75.) Rev 5/2012

**Notice to the Individual Signing the Illinois Statutory Short Form
Power of Attorney for Health Care**

Please Read This Notice Carefully.

The form that you will be signing is a legal document. It is governed by the Illinois Power of Attorney Act. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you. The purpose of this power of attorney is to give your designated “agent” broad powers to make health care decisions for you, including the power to require, consent to, or withdraw treatment for any physical or mental condition, and to admit you or discharge you from any hospital, home, or other institution. You may name successor agents under this form, but you may not name co-agents. This form does not impose a duty upon your agent to make such health care decisions, so it is important that you select an agent who will agree to do this for you and who will make those decisions as you would wish. It is also important to select an agent whom you trust, since you are giving that agent control over your medical decisionmaking, including end-of-life decisions. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she also must act in accordance with the law and with the statements in this form. Your agent must keep a record of all significant actions taken as your agent. Unless you specifically limit the period of time that this power of attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, even after you become disabled. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You also may revoke this power of attorney if you wish. The powers you give your agent, your right to revoke those powers, and the penalties for violating the law are explained more fully in Sections 4-5, 4-6, and 4-10(c) of the Illinois Power of Attorney Act. This form is a part of that law. The “NOTE” paragraphs throughout this form are instructions. You are not required to sign this power of attorney, but it will not take effect without your signature. You should not sign it if you do not understand everything in it, and what your agent will be able to do if you do sign it. Please put your initials on the following line indicating that you have read this notice. _____ (Principal’s initials)

9/2011

**Illinois Statutory Short Form
Power of Attorney for Health Care**

1.I, _____
_____ (insert name, date of birth and address of principal) hereby revoke all prior powers of attorney for health care executed by me and appoint:

_____ (insert name and address of agent) (NOTE: You may not name co-agents using this form.) as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, even though my death may ensue.

A. My agent shall have the same access to my medical records that I have, including the right to disclose the contents to others.

B. Effective upon my death, my agent has the full power to make an anatomical gift of the following (initial one): (NOTE: Initial one. In the event none of the options are initialed, then it shall be concluded that you do not wish to grant your agent any such authority.)

_____ Any organs, tissues or eyes suitable for transplantation or used for research or education.

_____ Specific organs: _____

_____ I do not grant my agent authority to make any anatomical gifts.

C. My agent also shall have full power to authorize an autopsy and direct the disposition of my remains. I intend for this power of attorney to be in substantial compliance with Section 10 of the Disposition of Remains Act. All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding. I hereby direct any cemetery organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment who receives a copy of this document to act under it.

D. I intend for the person named as my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records, including records or communications governed by the Mental Health and Developmental Disabilities Confidentiality Act. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations thereunder. I intend for the person named as my agent to serve as my "personal representative" as that term is defined under HIPAA and regulations thereunder. (i) The person named as my agent shall have the power to authorize the release of information governed by HIPAA to third parties. (ii) I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Informational Bureau Inc., or any other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment for me for such services to give, disclose and release to the person named as my agent, without restriction, all of my individually identifiable health information and

medical records, regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, drug or alcohol abuse, and mental illness (including records or communications governed by the Mental Health and Developmental Disabilities Confidentiality Act). The authority given to the person named as my agent shall supersede any prior agreement that I may have with my health care providers to restrict access to, or disclosure of, my individually identifiable health information. The authority given to the person named as my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

(NOTE: The above grant of power is intended to be as broad as possible so that your agent will have the authority to make any decision you could make to obtain or terminate any type of health care, including withdrawal of food and water and other life-sustaining measures, if your agent believes such action would be consistent with your intent and desires. If you wish to limit the scope of your agent's powers or prescribe special rules or limit the power to make an anatomical gift, authorize autopsy or dispose of remains, you may do so in the following paragraphs.)

2. The powers granted above shall not include the following powers or shall be subject to the following rules or limitations: (NOTE: Here you may include any specific limitations you deem appropriate, such as: your own definition of when life-sustaining measures should be withheld; a direction to continue food and fluids or life-sustaining treatment in all events; or instructions to refuse any specific types of treatment that are inconsistent with your religious beliefs or unacceptable to you for any other reason, such as blood transfusion, electro-convulsive therapy, amputation, psychosurgery, voluntary admission to a mental institution, etc.)

(NOTE: The subject of life-sustaining treatment is of particular importance. For your convenience in dealing with that subject, some general statements concerning the withholding or removal of life-sustaining treatment are set forth below. If you agree with one of these statements, you may initial that statement; but do not initial more than one. These statements serve as guidance for your agent, who shall give careful consideration to the statement you initial when engaging in health care decision-making on your behalf.) I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

Initialed _____ I want my life to be prolonged and I want life-sustaining treatment to be provided or continued, unless I am, in the opinion of my attending physician, in accordance with reasonable medical standards at the time of reference, in a state of "permanent unconsciousness" or suffer from an "incurable or irreversible condition" or "terminal condition,"

as those terms are defined in Section 4-4 of the Illinois Power of Attorney Act. If and when I am in any one of these states or conditions, I want life-sustaining treatment to be withheld or discontinued.

Initialed _____ I want my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards without regard to my condition, the chances I have for recovery or the cost of the procedures.

Initialed _____ (NOTE: This power of attorney may be amended or revoked by you in the manner provided in Section 4-6 of the Illinois Power of Attorney Act.)

3. () This power of attorney shall become effective on

(NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.) (NOTE: If you do not amend or revoke this power, or if you do not specify a specific ending date in paragraph 4, it will remain in effect until your death; except that your agent will still have the authority to donate your organs, authorize an autopsy, and dispose of your remains after your death, if you grant that authority to your agent.)

4. () This power of attorney shall terminate on

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if of your disability, when you want this power to terminate prior to your death.) (NOTE: You cannot use this form to name co-agents. If you wish to name successor agents, insert the names and addresses of the successors in paragraph 5.)

5. If any agent named by me shall die, become incompetent, resign, refuse to accept the office of agent or be unavailable, I name the following (each to act alone and successively, in the order named) as successors to such agent:

For purposes of this paragraph 5, a person shall be considered to be incompetent if and while the person is a minor, or an adjudicated incompetent or disabled person, or the person is unable to give prompt and intelligent consideration to health care matters, as certified by a licensed physician. (NOTE: If you wish to, you may name your agent as guardian of your person if a court decides that one should be appointed. To do this, retain paragraph 6, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 6 if you do not want your agent to act as guardian.)

6. If a guardian of my person is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

7. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent. Dated: _____

Signed _____
(Principal's signature or mark Principal)

The principal has had an opportunity to review the above form and has signed the form or acknowledged his or her signature or mark on the form in my presence. The undersigned witness certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

(Witness signature) (print Witness name)

(street address)

(city, state, ZIP)

(NOTE: You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agents.)

I certify that the signatures of my agent (and successors) are correct.

(Agent) (Principal)

(Successor Agent) (Principal)

(Successor Agent) (Principal)

(NOTE: The name, address and phone number of the person preparing this form or who assisted the principal in completing this form is optional.)

(Name of Preparer)

(Address)

(Phone)

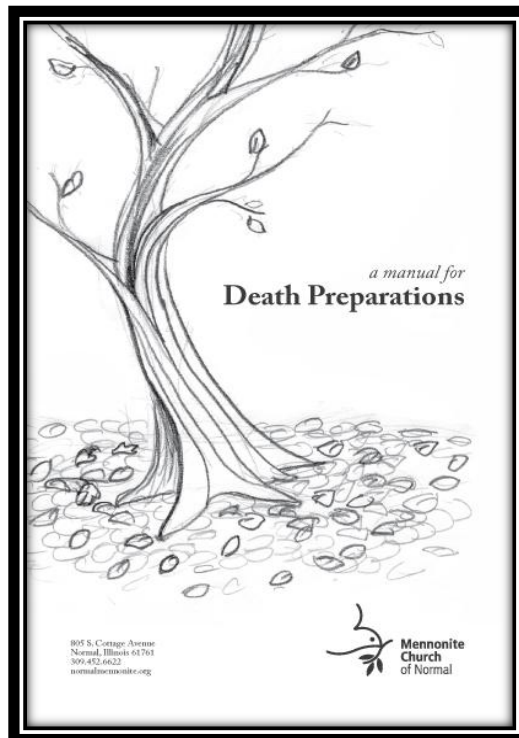
Rev 5/2012

<http://www.idph.state.il.us/public/books/advin.htm>

<http://www.idph.state.il.us/public/books/dnrform.pdf> Insert the DNR form here.

http://www.idph.state.il.us/public/books/DNR_Individuals.pdf

Appendix B



- Biographical Information
- Obituary
- Funeral Arrangements & Preferences
- Scripture & Hymn Suggestions
- Checklist of Steps to Take Following a Death

Biographical Information

Name **Date**

Address

Telephone

Date of Birth

Birth Place

Spouse's name

Children (names, names of spouses and addresses)

Father's name

Mother's name

Siblings' (names, names of their spouses, and location)

Date baptized

Location

Current Church Membership

Date and Place of Marriage

Main occupation or employers

Date retired

Education

- High school
- College
- Other

Membership in clubs, significant organizations and voluntary service

Professional and/or service awards

Location of will, obituary, and other important papers

Persons and organizations to be contacted

Newspapers to be notified

Copies of this form can be shared with survivors and filed in the church office.

Obituary for _____

Funeral Arrangements Preferences

Name: _____ Date: _____

1. I ___do/___do not have arrangements with a funeral home.

2. My funeral home preference:

3. My visitation preference: _____ At the church _____ At the funeral home

4. My service preference: _____ A funeral _____ A memorial service

5. My preference is:

- Embalmed and burial at _____ Cemetery
- Burial without embalming or viewing
- Cremated
 - Ashes scattered _____
 - Ashes buried _____
 - Ashes returned to the family _____

6. I prefer to have:

- An open casket _____At the visitation _____At the funeral
- A closed casket _____At the visitation _____At the funeral
- No casket _____

7. I prefer that the financial arrangements of the funeral/memorial service be:

- At minimal cost _____
- Left to the discretion of my survivors _____

8. These scriptures and writings have been meaningful to me:

Scripture and Mennonite Hymn Suggestions

Hymns

Hymns from Hymnal: A Worship Book

Amazing Grace	143	Softly and Tenderly	451
Gentle Shepherd	203	Be Thou My Vision	545
The Strife is Over	263	My Life Flows On	580
Great is Thy Faithfulness	327	Take Thou My Hand	581
O God Our Help in Ages Past	328	Love Divine All Loves Excelling	592
When Peace Like a River	336	O Power of Love	593
God of Grace and God of Glory	366	And I Will Raise You Up	599
Healer of our Every Ill	377	He Leadeth Me	599
Come, Come Ye Saints	452	Oh Have You Not Heard	606

Hymns from Sing the Journey

Lord Jesus, You Shall Be My Song	14	All Will be Well	998
You are All We Have	29	Just a Closer Walk with Thee	106
Rain Down	49	God Remembers	107
The Lord Lift You Up	73	Give Thanks for Life	108
The Lord Bless You & Keep You	76	Go, Silent Friend	110
I was There to Hear Your Boring	89	My Latest Sun is Sinking Fast	111

Hymns from Sing the Story

I Will come to You in the Silence	49	O Blessed Spring	100
Come Bring Your Burden to the Lord	50	Nothing is Lost to the Breath of God	121
The Lord's My Shepherd	99		

Scripture

"Therefore encourage one another..."	I Thessalonians. 5: 1
"I have fought the good fight..."	II Timothy 4: 6-8
"You have been born anew, not of perishable but of imperishable seed..."	I Peter 1: 22f
"...that we should be called children of God..."	I John 3: 1-3
"...Blessed are the dead who from now die in the Lord..."	Rev. 14: 13
"...he will wipe every tear from their eye. Death will be no more..."	Rev. 21: 1-4

Checklist of Steps to Take Following a Death

- _____ Call a pastor or the church office. (The pastor can support and act as a resource in completing the next steps.)
- _____ Call a funeral home to set up an appointment to make arrangements for the care of the body and its burial.
- _____ Make an appointment with the pastor and the funeral home to figure out the details the visitation and funeral/memorial service.
- _____ Prepare the following information for the funeral home:
 - Biographical Information Sheet (See pages 30-31.)
 - Set of clothing (optional)
 - Social Security number
 - Military discharge paper, if applicable
 - Photograph for the obituary
 - Number of death certificates needed
- _____ Make the following decisions at the funeral home
 - Finalize the hours of the visitation, funeral or memorial service
 - Give the biographical information or obituary
 - Choose a casket (or request a church casket)
 - Choose memorial cards and the information to be included
 - Select flowers
 - Give any instructions for the burial service if have any special preferences such as placing flowers on the casket, shoveling dirt on the casket, being present when the casket is lowered.
- _____ Determine the meal needs for the family and close friends who will be attending the funeral. The church provides a meal following the service.
- _____ Plan the service with the pastor
 - Persons to be involved
 - Hymns
 - Scriptures
 - Music
 - Remembrances
 - Printed order of the service
- _____ Prepare for the visitation
 - Set up the guest book table
 - Set up the display tables of photos and other memorabilia to honor the deceased's life
 - Distribute the flowers and plant memorials throughout the sanctuary
 - Decide on the arrangement of family members (the family in one receiving line or scattered throughout the room)

Notes