

Duplicate as needed

Pre-Planning

Form Completed by: _____ Date: _____

Advance Directives (p.63)	Yes	No	Contact/Location
Durable Medical POA / Health Care Proxy			
*Living Will			
*DNR (<i>Do Not Resuscitate</i>)			
*POLST			
Quality of Life Statement			
*Ethical Will (<i>Letter to My Family</i>)			
Organ Donor Card			

Interment Planning	Yes	No	Contact/Location
Pre-Planned Funeral			
Preferred Funeral Provider			
Cemetery Plot/Deed			
Casket Purchased			
Vault Purchased			
Stone Marker Purchased			
Columbarium Site			
Scattering of Ashes			

***Living Will and DNR:** (p.63)

***POLST:** (pp.63,64)

***Ethical Will:** (p.64)