



ST. JOHN THE BAPTIST PARISH Polish National Catholic Church

23 Golway Street, MANCHESTER, CT 06042 Rectory phone: 860-643-5906

Web: www.saintjohnspncc.org Facebook: *John the Baptist, Manchester CT*

END-OF-EARTHLY-LIFE PLAN

An End-of-Earthly-Life Plan outlines your wishes for your remains and any memorial services

I, _____, currently of _____, ___, being of sound mind and voluntarily declare that these are my final wishes as to the disposition of my body after my death and any services or memorialization to be held in my name.

This document is not intended to be interpreted as my Last Will and Testament.

I request that _____, currently of _____, ___, be in charge of planning and executing my last wishes.

1. Who is this End-of-Earthly-Life Plan for?

Full Name: _____ DOB: _____

City/Town: _____ State: _____

2. Who is the executor of your End-of-Earthly-Life Plan?

Full Name: _____ DOB: _____

City/Town: _____ State: _____

Phone Number: _____ Email (optional): _____

3. Would you like to have a death notice or an obituary?

No announcement A death notice An obituary

(IF OBITUARY IS CHOSEN) Where would you like your obituary to be published?

Publications:

City/Town:

Your Obituary

Date of Birth:

Birthplace:

Do you want your obituary to list your surviving family members?

YES NO

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Do you want your obituary to list your final place of residence?

YES NO

Do you want to include any biographical details in your obituary?

YES NO

(IF YES) Describe the biographical detail you wish to include:

.....
.....
.....

Would you like to include a photograph?

YES NO

(IF YES) Describe the photograph you wish to include and where it can be found:

.....
.....
.....

Would you like to include funeral or other service details?

YES NO

Would you like to request charitable donations instead of flowers?

YES NO



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(IF YES) Select charity or non-profit organization:

St. John the Baptist Church (23 Golway St., Manchester, CT)
 other:

4. Organ Donation

Are you a registered organ donor?

YES NO

(IF YES) Where are you registered as a donor?

State:

5. What would you like done with your body after death?

No preference Burial Cremation

6. Services

What type of service would you like? (Select all that apply.) *As St. John's Catholic Church we recommend as the best option: Visitation & Funeral Mass followed by Graveside Service or Funeral Mass followed by Graveside Service.*

Visitation (Wake) Funeral Home Service

Funeral Mass Graveside Service

(IF VISITATION IS CHOSEN)

Where will your visitation be held?

Name:

Address:

(IF FUNERAL HOME SERVICE IS CHOSEN)

What details do you wish to provide?

Location:

Officiant:

Guests:

Body Viewing:

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Music/Readings:

Eulogy:

Other:

(IF FUNERAL MASS IS CHOSEN)

What details do you wish to provide?

Location:

Officiant:

Guests:

Music/Readings:

Eulogy:

Other:

(IF GRAVESIDE SERVICE IS CHOSEN)

What details do you wish to provide?

Location:

Officiant:

Guests:

Music/Readings:

Speakers:

Other:

Additional Instructions

Do you wish to include any other instructions regarding your service?

 YES NO



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(IF YES) Describe your wishes in complete sentences:

.....
.....
.....

7. Financing

How do you want your funeral-related expenses to be paid?

Do not specify Take it out of my estate I have set aside funds

8. Final Thoughts

Do you have any final thoughts or messages?

YES NO

(IF YES) Write your message in complete sentences:

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.....
.....

9. Final Instructions

Do you have any additional end-of-life wishes?

YES NO

(IF YES) Describe your wishes in complete sentences:

.....
.....
.....

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I recognize that it may not be possible for my appointee to fulfill all of my wishes and request that _____ act to follow the spirit of these wishes as well as they can and within the limits of any applicable law.

Signature

Date**WITNESSES**

SIGNED AND DECLARED by _____ on the _____ day of _____, _____ to be the declarant's End-of-Earthly-Life Plan expressing their own wishes as to the disposition of their body and any services to be held in their name. We declare that _____ is personally known to us, that they signed this End-of-Earthly-Life Plan in our presence, and that they appeared to be of sound mind and not acting under duress, fraud, or undue influence.

Witness #1 Signature

Witness #2 Signature

Witness #1 Name (please print)

Witness #2 Name (please print)

Date

Date