

Chestnut Hill Monthly Meeting
Worship & Ministry and Care & Counsel Working Group On End of Life Issues (ELI)

Dear Friend,

One of the functions of the Worship & Ministry and Care & Counsel's working group on End of Life Issues (known as ELI) is to assist Members, Attenders, and their families as they make the arrangements necessary at the time of death of a loved one. One of the major concerns expressed by those who must make the decisions after the death of a loved one is, "What would he/she have wanted?" The Care & Counsel Committee created this End Of Life Planning form so that you can answer that question for your loved ones and for the CHFM while you are "of sound mind and in good health and not in anticipation of death, but mindful of the certainty thereof...." We suggest that you discuss your answers with those closest to you as you fill out the form. We suggest that you give your loved ones a copy to keep as a reminder. We also ask that you return one signed and dated hard copy of the form to the Clerk of the Care & Counsel Committee so that it will be available to CHFM when we are called on to assist your family when death occurs. You should keep a signed and dated copy with your files.

You can print out and complete the End of Life Planning form by hand *or* you can choose to type your answers into this fillable PDF form from your desktop, ipad, or laptop. To open and complete the fillable PDF form, you will need Adobe Reader (the latest version is recommended). If you do not have it installed on your computer, you may download the latest version free of charge from <http://get.adobe.com/reader/otherversions>. You must sign and date the form by hand.

The End of Life Planning Form contains sensitive identification data that is required in order to obtain a death certificate. **PLEASE DO NOT EMAIL** your completed form to Care & Counsel. You can mail or drop off your signed and dated form to:

Clerk of Care & Counsel Committee
C/O Miyo Moriuchi
370 W. Johnson St. Apt. A-5
Philadelphia PA 19144

If you have questions about any item in this questionnaire, a member of ELI or Care & Counsel will be ready to discuss it with you. If you should ever wish to change any of the answers you have given, you need only ask and your questionnaire will be returned to you along with a new copy for your revisions. Feel free to contact us at ELI@chestnuthillquakers.org

While most of us avoid thinking about death in terms of ourselves, it is one of life's few certainties. We hope you will take the time to complete this form in consultation with those closest to you and so help them and us make arrangements according to your wishes when the time comes.

CHFM Worship & Ministry and Care & Counsel Working Group on End of Life Issues (ELI)

Miyo Moriuchi, Clerk of Care & Counsel
Jude Brandt, Member, Care & Counsel
Peter Warrington, Member, Burial Committee
Betsy Wallace, Member, Worship & Ministry
Tricia Walmsley
Donna Pucci

END OF LIFE PLANNING

This form is provided by the Care & Counsel Committee of Chestnut Hill Friends Meeting to assist members and attenders of the meeting as they plan the arrangements to be made at the time of their death. We suggest that the form be completed in consultation with close family members. Print or make copies of your signed form, keep one with your own papers, and give one to a close family member. Mail or drop off your signed form to the C&C Clerk, who will keep it in the member/attender file at the meetinghouse. Members of ELI and the C&C Committee will be available to assist in preparing this form. Contact ELI at ELI@chestnuthillquakers.org

I. PERSONAL DATA (Needed by the attending physician for the required Death Certificate)

Full Name _____

Address (Street) _____

(City) _____ (County) _____ (State) _____ (Zip) _____

Resided at the above place since (date) _____ Citizenship _____ Social Security No. _____

Date of Birth _____ Place of Birth _____

Marital Status _____ Name of Spouse _____

Father's Full Name _____

Mother's Full Birth Name _____

II. PERSON DESIGNATED to make arrangements at the time of death:

This person may contact a member of ELI or of Care & Counsel for assistance: ELI@chestnuthillquakers.org

Name _____ Phone _____

Address _____ EMAIL: _____

III. PRE-ARRANGEMENTS:

Will: yes Where is it kept? _____
 no

Funeral H.: yes Name _____ Phone _____
 no

Cemetery¹: yes Name _____ Phone _____

Plot description _____

Names of family members buried there _____

no

Organ Donor: yes Medical Research²: yes Organization _____
 no no

IV. PREFERENCES:

Treatment of remains: Whole body burial Green Burial
 Cremation³ Ashes interred Ashes scattered

Memorial Meeting: at Chestnut Hill Friends Meeting
 at (name of location) _____
 None

Memorial Gifts sent to: _____

Signature _____

Date _____

Revised 3 February 2021

¹. Members of Chestnut Hill Friends Meeting and their immediate family may use the gravesites in the meeting cemetery without charge. The meeting cemetery is located on Butler Pike off of Germantown Ave near Plymouth Meeting Friends School.

². Arrangements must be made in writing before death.

³. The Anna Jeanes Fund is available for financial assistance for Friends choosing cremation.