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Immediate Help

1. Do I Have the Personal Information of the Person who Passed?

Record applicable information about the person who passed for easy reference when filling out any necessary forms:

PERSONAL INFORMATION

Name of Person Filling Out Form: _____

Date and Time of Drafting Form: _____

Name of Person who Died: _____

Date and Time of Death: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Service in the US Armed Forces, if applicable: _____

Marital Status: _____

Spouse's Name / Maiden Name: _____

Occupation and Type of Business: _____

Residence Address: _____

How Long He/She Resided in this County: _____

Names of Parents: Father's Name and Mother's Maiden Name: _____

Birth State and County of Father and Mother: _____

Level of Education: _____

Preferred Form of Disposition (if known): _____

Immediate Help (continued)

Place of Burial or Disposition: _____

Name, Address, and Phone Number of Certifying Physician: _____

Name, Address, and Phone Number of Person with Right to Control Disposition: _____

Note: Not all of the above information may be applicable to someone who has just passed; some will only be necessary if you are taking care of the death certificate yourself. However, you may find it useful to have all of the person's information in one place for reference throughout the process of after-death arrangements.

2. Who Will Make the Decisions?

Is there a Power of Attorney for Health Care? Yes No

Name of Power of Attorney for Health Care: _____

Contact information: _____

If there is not, list the Surviving Spouse and/or Legal Next of Kin:

1) Name: _____ Relationship: _____

Contact Information: _____

2) Name: _____ Relationship: _____

Contact Information: _____

3) Name: _____ Relationship: _____

Contact Information: _____

Note: If same-sex partners have not set up Power of Attorney for Health Care for each other, or are not state-registered domestic partners, then the next of kin of the person who died will have the legal right to make decisions, not the partner.

Immediate Help (continued)

3. What Important Documents Do I Need?

Check off the following documents as you locate them:

- Last Will and Testament
- Prepaid Disposition Plan
- Organ/Body Donor Registration Info

Check off the following documents as you or someone else completes them:

- Death Certificate
- Prepaid Disposition Plan
- Burial Transit Permit

Is there a prepaid disposition plan (a contract for a burial plot, cremation, disposition products, or services of a funeral provider)? Yes No

Is there a chosen services provider or funeral director? Yes No

Name of Services Provider or Funeral Director: _____

Contact information: _____

Have any of these disposition products been prepaid for:

- Burial Site
- Casket
- Urn
- Other (list): _____

Is there a Payable on Death Account or Totten Trust? Yes No

Is there a funeral or burial insurance policy? Yes No

Name of insurance policy provider : _____

Policy Number: _____

Immediate Help (continued)

List any additional disposition instructions that the person left behind: _____

COMPLETING THE DEATH CERTIFICATE

A funeral service provider will typically fill out the death certificate. Refer to the Personal Information portion of the checklist for help in filling it out if you have taken on this responsibility.

4. Which Family and Friends Do I Need to Contact?

Who needs to be notified immediately? If there is somebody who can help you in making some or all of the phone calls or after-death arrangements and preparations, put a note by their name.

Family to Notify (Spouse, Children, Parents, Siblings, Grandparents, etc.):

- 1) Name: _____ Contact: _____ Can Assist?: ____
- 2) Name: _____ Contact: _____ Can Assist?: ____
- 3) Name: _____ Contact: _____ Can Assist?: ____
- 4) Name: _____ Contact: _____ Can Assist?: ____
- 5) Name: _____ Contact: _____ Can Assist?: ____

Friends and/or Co-Workers to Notify:

- 1) Name: _____ Contact: _____ Can Assist?: ____
- 2) Name: _____ Contact: _____ Can Assist?: ____
- 3) Name: _____ Contact: _____ Can Assist?: ____
- 4) Name: _____ Contact: _____ Can Assist?: ____
- 5) Name: _____ Contact: _____ Can Assist?: ____

Immediate Help (continued)

Others to Notify or to Ask for Assistance:

- 1) Caregiver: _____ Contact: _____ Can Assist?: ____
- 2) Hospice Worker: _____ Contact: _____ Can Assist?: ____
- 3) Other(s): _____ Contact: _____ Can Assist?: ____

5. Are There Dependents That Need Immediate Consideration?

Is there somebody who can help you attend to those who need immediate assistance?

Name: _____ Contact: _____

List any dependents including children, a spouse, or elderly or disabled dependents.

- 1) Name: _____ Relationship: _____
Contact Information: _____
- 2) Name: _____ Relationship: _____
Contact Information: _____
- 3) Name: _____ Relationship: _____
Contact Information: _____
- 4) Name: _____ Relationship: _____
Contact Information: _____
- 5) Name: _____ Relationship: _____
Contact Information: _____

Do any of the dependents need temporary care or day care until permanent arrangements are made? Yes No

List needs: _____

Immediate Help (continued)

List any pets that need care:

- 1) Name: _____ Type: _____
- 2) Name: _____ Type: _____
- 3) Name: _____ Type: _____
- 4) Name: _____ Type: _____
- 5) Name: _____ Type: _____

List any special considerations: _____

6. Which Authorities Do I Need to Contact?

IF THE PERSON PASSED IN AN ASSISTED LIVING HOME, STATE FACILITY, OR HOSPICE

You will likely have to make arrangements to move the person who passed from the facilities within a day, as most assisted living communities do not have a morgue or storage facility.

- Call a local funeral service provider

IF THE PERSON PASSED AT HOME, WITH OR WITHOUT HOSPICE

- Call a local funeral service provider
- If you would like natural death care, call a home funeral consultant

7. What About DNA Sampling?

Did the person want a DNA sample recorded? Yes No Don't Know

If unknown, do you wish to have a DNA sample recorded? Yes No

- Select DNA sampling provider

Immediate Help (continued)

- Receive instructions on how to obtain and preserve a DNA sample (record below):

Name of DNA sampling company: _____

Contact information: _____

Record special instructions for obtaining and preserving a DNA sample: _____

8. What About Organ Donation?

Did the person leave wishes for organ donation? Yes No Don't Know

Did the person prearrange to donate specific organs for research or to a chosen organization?

Yes No

Name of Organization: _____

Contact information: _____

Notify organization/facility

If the person's wishes are unknown, check all of the following places for donor information:

- Driver's License
- Family Member
- Physician
- Organ Donor Consultant at Hospital
- Living Will
- Advance Directives

If the person did not specify wishes regarding donation, do I wish to make the decision to donate? Yes No

Immediate Help (continued)

Name of Donor Organization or Facility: _____

Contact information: _____

Did the person specify what he or she wanted to donate; or, if not, do you have a preference as to what to donate? (Check all that apply.)

Whole body to science

ORGANS

Heart

Kidneys

Liver

Lungs

Pancreas

Pancreas for islet cells

Small intestine

OTHER

Bones

Eyes / Corneas

Heart valves

Pericardium

Soft tissue (such as ligaments, tendons, blood vessels)

Skin grafts

Vertebral bodies

9. How Do I Transport the Person's Body or Cremated Ashes?

I am transporting:

Immediate Help (continued)

Body

Cremated Ashes

I am transporting:

Between states

From outside the U.S.

TRANSPORTING CREMATED ASHES BETWEEN STATES

Do you want to mail through the U.S. Postal Service? Yes No

Do you want to ship through an airline cargo service? Yes No

Name of Airline: _____

Contact information: _____

Do you want to carry the ashes with you on a flight? Yes No

Container I Will Use : _____

Do you want to transport via car or van? Yes No

Check state and local laws

Obtain Burial Transit Permit (if applicable)

TRANSPORTING BODY BETWEEN STATES

Do you want to work through your funeral director or service provider? Yes No

Do you want to ship through an airline cargo service? Yes No

Name of Airline: _____

Contact information: _____

Do you want to transport via car or van? Yes No

Check state and local laws

Arrange embalming in state of origin (if applicable)

Obtain Burial Transit Permit (if applicable)

Immediate Help (continued)

TRANSPORTING FROM OUTSIDE THE UNITED STATES

Notify U.S. embassy or consular official in country of death

Special disposition considerations in country of death: _____

Would you like to have the person cremated in the country of death? Yes No

Cost: _____

Contact U.S. Department of State or U.S. consular officer for proper documentation

If possible, would you like to have the body shipped back to the U.S.? Yes No

Contact U.S. Department of State or U.S. consular officer for proper documentation

Arrange with funeral director or service provider in U.S. to pick up body at airport

10. How Do I Place an Announcement or Obituary?

Do you want to place an announcement? Yes No

Which type(s) of announcement?

Print Obituary

Online Obituary

Letter

Email

If online or print obituary, what service or publication do you want to use?: _____

Contact information: _____

Is there someone who can help you prepare an announcement or obituary? Yes No

Name: _____ Contact: _____

Immediate Help (continued)

ANNOUNCEMENT OR OBITUARY CHECKLIST

- Select Photos or Images
- Purchase necessary cards or supplies
- Compile an email or address list

Write notes or draft your announcement or obituary: _____

11. Am I Taking Care of Myself?

Are you feeling physically, emotionally, and/or mentally exhausted? Yes No

It is not uncommon for family or friends who act as caregivers to experience adverse health effects during or after a prolonged period of caring for a terminally ill patient.

Were you a caregiver for your loved one before he or she passed? Yes No

Is it possible you are suffering from caregiver burnout? Yes No

Are you taking the time to look after yourself? Yes No

Are you taking the time to grieve as a family? Yes No

Note: See the Healing Process section of the checklist for more assistance with grief and healing.

12. What Is Natural Death Care?

Do you want to keep the person at home for more time? Yes No

Do you want to have a home funeral? Yes No

Hire a home funeral consultant

Name of Home Funeral Consultant: _____

Contact information: _____

List any family and friends who can assist with natural death care:

1) Name: _____ Contact: _____

2) Name: _____ Contact: _____

3) Name: _____ Contact: _____

Choosing Disposition

1. Protecting Your Consumer Rights

Here are a few things to keep in mind as you are shopping for disposition services. Check off those that apply:

SECURING DISPOSITION

- Request a General Price List from your service provider. Remember, they cannot bundle items into “packages” without also listing their individual prices.
- You are only required to pay a basic services fee to your service provider in addition to any goods and services you have specifically requested.
- Contact the Funeral Consumers Alliance at (802) 865-8300 if you need assistance when purchasing disposition.

2. Choosing Cremation

- I would like Cremation
- I would like Direct Cremation

PREFERRED SERVICE PROVIDERS

- Funeral Home _____
- Cremation Retailer _____
- Crematorium _____
- Funeral Home and Crematorium _____
- Funeral Home, Crematorium and Cemetery _____

LIST POTENTIAL SERVICE PROVIDERS AND PRICING

- 1) Service Provider: _____ Item: _____ Price: _____
- 2) Service Provider: _____ Item: _____ Price: _____
- 3) Service Provider: _____ Item: _____ Price: _____
- 4) Service Provider: _____ Item: _____ Price: _____

Choosing Disposition (continued)

5) Service Provider: _____ Item: _____ Price: _____

Note: Items include any and all funeral and disposition services, including direct cremation, transporting remains, etc.

I WOULD LIKE THE FOLLOWING CREMATION PRODUCTS

- Shroud Cardboard Box Casket
 Urn Keepsake Urn(s) - Quantity: _____

DOCUMENTATION

Do you have all the proper documentation? (check all that apply)

- Disposition Permit Burial Transit Permit Cremation Permit
 Declaration for Disposition of Cremated Remains

OPTIONS FOR CREMATION ASHES

- I would like to hire a scattering service
Scattering service provider: _____
 Internment at a columbarium
Address: _____
 Any additional options: _____

WITNESSING THE CREMATION

- I would like to witness the cremation
Number of family members or friends allowed to attend: _____
 If allowed, I would like to witness the full duration of the cremation
 If allowed, I would like to provide refreshments for guests
 I would like to offer a keepsake urn to each guest

3. Choosing Natural Burial

Choosing Disposition (continued)

I would like Natural Burial

1) Service Provider: _____ Item: _____ Price: _____

2) Service Provider: _____ Item: _____ Price: _____

3) Service Provider: _____ Item: _____ Price: _____

If legal, I would like a Natural Burial on private property.

Special Considerations: _____

Note: Items include any and all funeral and disposition services, including opening and closing a grave, graveside services, etc.

I WOULD LIKE THE FOLLOWING NATURAL BURIAL PRODUCTS

Shroud Cardboard Box

Green Casket Type of material: _____

4. Other Forms of Disposition

I would like a Burial at Sea

1) Service Provider: _____ Item: _____ Price: _____

2) Service Provider: _____ Item: _____ Price: _____

I would like Cryonics

1) Service Provider: _____ Item: _____ Price: _____

2) Service Provider: _____ Item: _____ Price: _____

I would like Alkaline Hydrolysis

Service Provider: _____ Item: _____ Price: _____

Settling the Estate

1. Initial Tasks

Here are a few of the outstanding tasks to consider as you are settling the estate. Check off those that apply:

TRUSTEE

Has the trustee or executor been determined? Yes No

If yes, list them here: _____

TASKS TO CONSIDER

Collect the mail

Pay the bills

Secure tangible property

Lock residence

Do any locks need to be changed? Yes No

If yes, which ones?: _____

Lock vehicle(s)

Notify credit card companies

Notify credit reporting agencies

Notify employer

Arrange for final paychecks

Notify Social Security

Notify Veterans Affairs Administration

Are there any debts that need to be settled? Yes No

If yes, list them here: _____

Are there benefits that need to be collected? Yes No

If yes, list them here: _____

Settling the Estate (continued)

2. Administering and Distributing Assets

Do you want to hire an attorney to help in this process? Yes No

Name of Attorney: _____

Contact information: _____

Was there a revocable living trust? Yes No

If not, the property may be subject to probate.

Was there a will? Yes No

If not, who under state law will inherit the property? _____

Does your loved one's estate qualify as a small estate? Yes No

If yes, complete paperwork to transfer property to beneficiaries

Did you own joint property with the person who passed? Yes No

If yes, complete paperwork to remove person's name from property's title

Was there a pay-on-death account or Totten Trust? Yes No

If yes, notify banks where POD accounts are held and provide copies of death certificate

Was there a life insurance policy and/or retirement plan? Yes No

If yes, notify institutions holding policies and/or retirement plan of person's death

3. Minors and Dependent Adults

Did the person leave behind minor children? Yes No

Does the will nominate a guardian? Yes No

Has the Court approved of the nominated guardian? Yes No

Name of guardian: _____

Was property left to the minor children? Yes No

Settling the Estate (continued)

If yes, name of trustee: _____

If no trustee, name Court-approved guardian of the estate: _____

Did the person leave behind dependent adults? Yes No

If yes, do the dependent adults have durable power of attorney? Yes No

Do the dependent adults have a living trust? Yes No

If yes, name of trustee: _____

If no, name of Court-approved conservator: _____

4. Tax Considerations

Do estate taxes need to be filed? Yes No

Appraise real estate property

Value of person's total estate: _____

Is it subject to a federal estate tax? Yes No

Is it subject to a state estate tax? Yes No

Pay federal estate tax

Pay state tax

File income tax

Obtain Tax ID number

If you are selling inherited property: is it subject to capital gains tax? Yes No

Pay capital gains tax

5. Insurance

HOMEOWNERS AND RENTERS INSURANCE

Settling the Estate (continued)

Does property in the Estate or Trust have homeowners or renters insurance?

Yes No

Notify insurance company of death in writing

Request that Estate be added to the policy as "named insured"

AUTOMOBILE INSURANCE

Do you want to maintain the automobile insurance? Yes No

Notify insurance company of death in writing

If the vehicle will be idle or sold, do you want to cancel the automobile insurance?

Yes No

If yes, register the vehicle for "planned non-operation" with the DMV

HEALTH INSURANCE

Are the surviving spouse and/or dependents eligible for continued coverage?

Yes No

Contact insurance company

6. Assets of the Estate

PERSONAL RESIDENCE

Did the person rent his or her home? Yes No

Terminate lease

Vacate premises

Place tangible property in storage

Did the person own his or her home? Yes No

Person to whom the home was bequeathed: _____

Settling the Estate (continued)

If the home has not been bequeathed, are there beneficiaries interested in taking ownership of the property? Yes No

Names of beneficiaries : _____

Do you want to sell the property? Yes No

If yes, title search completed

If the residence is underwater, you will need to pursue one of the following:

Foreclosure

Deed in lieu of foreclosure

Short sale

Do you want to hire an Attorney or Realtor? Yes No

If yes, name of Realtor: _____

Contact information: _____

Were surviving spouse, minor children or other family members residing with the person at time of death? Yes No

Based on your state law, are they allowed to remain in the residence? Yes No

If yes, for how long?: _____

OTHER REAL ESTATE

Address(es) of other real estate:

1) _____

2) _____

3) _____

Are there tenants on the person's properties? Yes No

Locate lease agreement(s)

Arrange for rent to be sent to Executor/Trustee

Settling the Estate (continued)

Did the person hire a property management company? Yes No

Request property management agreement

Do you want to sell the property? Yes No

Arrange for removal of tenants, if applicable

BANK ACCOUNTS

Retitle bank accounts to Estate

BUSINESS INTERESTS

Did the person own a small business? Yes No

Will you arrange for its continued operation? Yes No

Locate instructions for business in Will or Trust

Contact co-owners or senior staff

Will you close, sell, or liquidate the business? Yes No

Have the business valued by appraiser

TANGIBLE PROPERTY

Identify items specifically bequeathed

Secure bequeathed items prior to distribution

Appraise valuable items

Divide remaining tangible property

Do you want to have an estate sale? Yes No

Do you want to hire a company to hold the estate sale? Yes No

Name of Estate Sale company: _____

Contact information: _____

Divide net proceeds from estate sale to beneficiaries

Do you want to make donations of tangible property items? Yes No

Settling the Estate (continued)

List places you can donate the following items, if applicable:

- 1) CDs and DVDs: _____
- 2) Computers and electronics: _____
- 3) CDs and DVDs: _____
- 4) Children's toys and books: _____
- 5) Art supplies: _____
- 6) Furniture: _____
- 7) Housewares: _____
- 8) Clothing: _____
- 9) Vehicles: _____
- 10) Other: _____

LEFTOVER MEDICATIONS

Are there leftover medications you need to dispose of? Yes No

Take-back center near me: _____

Do you want to donate leftover medications? Yes No

Name of organization to donate to: _____

Contact information: _____

ASSET SEARCH SERVICES

Do you believe that other unidentified property exists? Yes No

Hire asset search service

Name of asset search service: _____

Contact information: _____

Search state databases

Settling the Estate (continued)

7. Digital Death

Did the person make arrangements, either in their will or through an online service, for their online accounts? Yes No

Check for accounts using online service

Name of online service: _____

Contact information: _____

Contact email providers

Contact Facebook

Remembrance Event

1. Seeking Assistance in Planning

List friends and family members who can assist in planning the remembrance event:

1) Name: _____ Contact: _____

How they will help: _____

2) Name: _____ Contact: _____

How they will help: _____

3) Name: _____ Contact: _____

How they will help: _____

4) Name: _____ Contact: _____

How they will help: _____

5) Name: _____ Contact: _____

How they will help: _____

6) Name: _____ Contact: _____

How they will help: _____

Do you want to hire an event planner? [] Yes [] No

Name of event planner: _____

Contact information: _____

BUDGET

Do you have an event budget? [] Yes [] No

Fill out any cost estimates that apply:

Event Planner Cost: _____

Venue Cost: _____

Food Cost: _____

Activities Cost: _____

Remembrance Event (continued)

Decorations Cost: _____

Invitations Cost: _____

Celebrant/Officiant Cost: _____

Home Funeral Consultant Cost: _____

Keepsakes or Memento Cost: _____

Scattering Cost: _____

Graveside Service Cost: _____

Transportation Cost: _____

Additional Costs: _____

Total Event Costs: _____

2. Types of Services and Remembrance Events

TYPE OF EVENT(S) I WISH TO HAVE: (check all that apply)

Memorial Service or Life Celebration

Describe what type of memorial service or life celebration you would like: _____

Ash Scattering

Where do you want to scatter the ashes?: _____

What kind of vessel(s) do you want to scatter from?: _____

List who you would like to scatter the ashes:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Remembrance Event (continued)

If you have opted for a scattering service: list the name of the company, where you wish them to scatter, and if you would like to hold a ceremony in tandem with the scattering: _____

Home Funeral

Do you want to hire a home funeral consultant? Yes No

Name of home funeral consultant: _____

Contact information: _____

List the space where you would like to keep the person who passed: _____

List what clothes that you would like to dress them in: _____

List any personal items, fabrics, or accessories that you would like to lay with the person: _____

Graveside Service

Where do you plan on burying the person?: _____

Have you purchased a shroud, casket, or simple container? Yes No

If not, what would you like to purchase?: _____

List the names of people who may act as pallbearers:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Remembrance Event (continued)

Wake

Location of the wake: _____

Are there any special considerations?: _____

Other type of event (specify): _____

3. Memorial Donations

Do you want to ask guests to make a memorial donation? Yes No

If yes, what cause(s) would you like to request they donate to?: _____

4. Event Invitations

Create a list of guests to invite along with their email and/or mailing addresses

INFORMATION TO INCLUDE ON THE INVITATIONS

Name of person who passed: _____

Date, time, and place of death: _____

Date, time, and location of ceremony: _____

Type of ceremony: _____

Gift or item I wish for guests to bring: _____

Food and refreshments (if applicable): _____

Reasons for the ceremony (if applicable): _____

RSVP phone number or email address: _____

Request for flowers and/or charity donations: _____

Photo, illustration, poem, quote, lyric, etc.: _____

Remembrance Event (continued)

INVITATIONS CHECKLIST

Do you want to mail physical invitations? Yes No

Company to purchase from: _____

Invitations purchased / Quantity: _____

Postage stamps purchased / Quantity: _____

Do you want to email online invitations? Yes No

Company / Website to purchase from: _____

Invitations purchased / Quantity: _____

5. Location Options and Considerations

List the possible locations for your event: _____

Does your desired location require a reservation? Yes No

Reservation made (if applicable)

How many people do you expect to attend?: _____

List any religion or spiritual themes that are important to you: _____

Do you need to hire a car or transportation service? Yes No

Name of transportation service: _____

Contact information: _____

Is your chosen location or venue:

Easily accessible by car or public transit? Yes No

Equipped with adequate parking? Yes No

Handicap accessible? Yes No

Remembrance Event (continued)

Do you want to serve alcohol at the event? Yes No

Will children need special caretaking? Yes No

Is all or part of your event going to be outdoors? Yes No

If yes, is there a contingency plan in the event of poor weather?: _____

Are there any additional considerations?: _____

6. Other Details to Consider

Do you want an officiant at the event?

Name of officiant of celebrant: _____

Contact information: _____

Do you want music at the event? Yes No

Type(s) of music and/or special songs: _____

Do you want to hire musicians or a DJ? Yes No

Name: _____ **Contact:** _____

Name: _____ **Contact:** _____

Name: _____ **Contact:** _____

Do you want friends or family to perform music at the ceremony? Yes No

Names of friends/family who can perform: _____

Do you want to provide food at the event? Yes No

Do you want family and friends to bring food? Yes No

Remembrance Event (continued)

Do you want to cater the event? Yes No

Name of caterer: _____

Contact information: _____

What kind of food do you want served at the event?: _____

Are there any special health considerations for the food?: _____

Do you want to hire a photographer or videographer? Yes No

Name of photographer: _____

Contact information: _____

Do you want to arrange a webcast of the event? Yes No

7. Personalizing the Event

List possible activities for your event: _____

List any decorations you would like to include: _____

Do you want to give out keepsakes or mementoes to guests? Yes No

List what you would like to give to guests: _____

Healing Process

Although there are certain things you can expect through the grieving process, individual emotions differ and everyone's journey is unique. Do not feel the need to complete any or all of the items listed. This is simply to remind you of the many options you have for healing, and to make sure you are taking care of yourself in this difficult time.

1. What is Grief?

Recognize that whatever emotion *you* are feeling is a part of your unique grieving process. There is no right or wrong way to feel.

2. Ways to Heal

First: Are you taking proper care of yourself? Are you:

- Getting enough sleep?
- Eating right?
- Staying active?

PERSONAL HEALING ACTIVITIES

These are suggestions for you as you work through your grief. Check off any that you have tried or are interested in trying.

- Talk with trusted loved ones
- Accept assistance when it is offered
- Join a grief support group
- Meet with a grief counselor
- Spend time with your loved one's personal belongings
- Pray
- Meditate

Healing Process (continued)

- Talk to clergy or a spiritual leader
- Write in a journal
- Keep a blog
- Create a memory book
- Sew a quilt out of the person's old clothing
- Get involved in the community
- Take a hike or nature walk
- Visit the library
- Work in a garden
- Participate in a book club
- Try a new physical activity such as cycling, running, or a group fitness class
- Walk a healing labyrinth
- Read a healing book
- Watch a healing film
- Read "Opening Our Hearts" stories on the SevenPonds blog
- Go to a day spa
- Go on a healing retreat
- Talk to a doctor

List other healing activities you want to try: _____

3. Grieving as a Family

We provide some suggestions for healing family activities to try after a loss. You may find

Healing Process (continued)

that only some of these are relevant to you. Feel free to add your own suggestions at the bottom.

FAMILY HEALING ACTIVITIES

- Recall fond memories together
- Mention your loved one's name in conversation
- Communicate your feelings with one another
- Go on an outing as a family
- Picnic in a favorite park
- Cook a favorite meal together
- Participate in a gift exchange
- Look at old family photos
- Plant a tree or garden
- Make a memory book
- Record favorite stories about your loved one

List other family traditions you have, or that you would like to begin: _____

4. Talking to Children about Death

Have you taken the time to sit down and talk to the children who are affected by this loss?

Yes No

SUGGESTIONS FOR HELPING CHILDREN TO HEAL

- Explain death in a straightforward manner
- Make sure the child understands he/she is not to blame

Healing Process (continued)

- Encourage the child to ask questions
- Ask the child how he/she is feeling
- Have the child draw pictures
- Have the child write in a journal or write a poem
- Have the child play a musical instrument
- Ask the child to participate at a ceremony
- Have the child help plant a memorial tree

List other meaningful ways for the child to say goodbye: _____

5. Holistic Healing

Are you interested in holistic healing? Yes No

HOLISTIC HEALING METHODS I'M INTERESTED IN

- Acupuncture
- Aromatherapy
- Yoga
- Crystal bowl healing
- Healing retreats

6. Caregiver Burnout

Were you a primary caregiver of a friend or family member who recently passed away?

Yes No

Healing Process (continued)

If yes, check all that apply:

- I have been experiencing feelings of depression and helplessness.
- I have been experiencing feelings of anger, frustration, and/or hostility towards myself and the person I was caring for.
- I am constantly fatigued.
- I am less interested than I once was in my work or my hobbies.
- I am withdrawing from family, friends, and general social contact.
- There has been a change in my eating and/or sleeping habits.
- There has been a change in my appetite and/or weight.
- I have been turning to stimulants and/or alcohol more often.
- It seems like I catch every cold or flu that comes around.
- I have had trouble relaxing even when I have free time.

Some of these symptoms will overlap with symptoms of grief. However, if you checked multiple items on this list, and you feel you are having trouble completing everyday tasks, you may want to consult with a doctor. And always make absolutely sure that you are giving yourself the care and attention that you need.

We hope this checklist has been helpful in addressing your after-death planning and healing needs. For more information on any other topics, consult our After Death Planning Guide on our website, or call us at (415) 431-3717, from 9:00AM-5:00PM PST or email: WeCare@SevenPonds.com.