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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): __________________________________________
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.*
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: ___________________________________________________________
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
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: ________________________________________________________________
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: ___________________________
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.