

NON-MEDICAL DIRECTIVE AT TIME OF SERIOUS ILLNESS OR DEATH

The list entitled "FAMILY AND FRIENDS TO BE NOTIFIED IN CASE OF ILLNESS OR DEATH" which I submitted with the form "ADVANCE DIRECTIVE" may be made available to the following person(s):

DIRECTIVES AT TIME OF DEATH

1. FUNERAL AND BURIAL

It is my wish that _____ preside at the Mass of Christian Burial, and that _____ be the homilist. I have received permission from Fr. Provincial to be buried at _____

To the extent that it is possible, I request the following readings and music and other details for my funeral:

2. DISPOSITION REQUESTS

Aware that with vows I have made disposition of property, I request that the following dispositions be made of articles/items on loan from, helpful to, or appreciated by others:

(provide name of person(s), relationship, and article(s) to be given)

3. BANK ACCOUNT

I have a bank account # _____ with _____

Bank, the branch located at _____.

_____ is a POD.

4. USERNAME AND PASSWORDS FOR COMPUTER, PHONE, ETC.

FAMILY AND FRIENDS TO BE NOTIFIED IN CASE OF ILLNESS OR DEATH

JESUIT NAME: _____

DATE: _____

NAME & ADDRESS

RELATIONSHIP

TELEPHONE: _____

TELEPHONE: _____

TELEPHONE: _____

TELEPHONE: _____

TELEPHONE: _____