

Respect My Wishes

A guide for family and visitors



Throughout our lives we make plans. Big plans. Small plans. But the one plan we often forget is for our final wishes. And yet, it is one of the most important things we can do.

So often families are at a loss when someone is seriously ill, and they are forced to make choices on a loved one's behalf, without clear direction or an understanding of the person's last wishes.

By taking the time to read this pamphlet and provide the needed information you will be giving your family a very valuable gift: clear direction and information for how they should proceed during your final days and after your death.

This information will relieve unnecessary stress during a stressful time and give them untold peace of mind.

Kevin & Andrew
Star of David Memorial Chapels

Before my death

I have prepared my health care power of attorney.

YES LOCATION _____ NO

I have advanced health care directives.

YES LOCATION _____ NO

I have a "durable" power of attorney.

YES LOCATION _____ NO

I have an ethical will.

YES LOCATION _____ NO

I have a DNR.

YES LOCATION _____ NO

If appropriate, I want to be under hospice care.

YES LOCATION _____ NO

I wish to have unusual measures or artificial means used to sustain my life when death is imminent.

YES LOCATION _____ NO

At the time of my death

I give permission for an autopsy YES NO

I wish to donate my eyes and/or other organs to another person for transplant purposes. YES NO

I wish OTHER _____

Please contact

Clergy

Relatives

Relatives

Star of David Memorial Chapels, Inc.
(631) 454-9600, (866) 95-Shalom



Financial Information

Attorney (Name, Phone)

Accountant (Name, Phone)

Bank Account (Bank Name, Address, Type)

Bank Account (Bank Name, Address, Type)

Bank Account (Bank Name, Address, Type)

Pension Benefits (Employer Name)

Insurance policies

Company, Agent, Phone

Policy No., Amount

Company, Agent, Phone

Policy No., Amount

Company, Agent, Phone

Policy No., Amount

Outstanding loans and credit

Attach dated list and keep current

Biographical Information

My Name

My Hebrew Name

Place of Birth

Date of Birth

Maiden Name (If Applicable)

Father's Name (English & Hebrew)

Mother's Name (English & Hebrew) Incl. Mother's Maiden

Name

Social Security Number

Military Service (Dates, Branch)

- I Do I Do Not Wish to have a flag on my casket
 I Do I Do Not Wish to have an Honor Guard

Occupation Business or Industry

Employer

My Level of Education

My Spouse's First and Maiden Name (If Applicable)

My Children's Names

My Grand Children's Names

My Siblings Names



“Because in the end, *everything* matters.”

Location of valuable records

In addition to the items below, attach a list of other valuables (stock, bonds, deeds) to this document.

Birth Certificate

Marriage Certificate

Veteran/Discharge Papers

Will and/or Trust

Safe Deposit Box

Spouse's Death Certificate if Applicable

Funeral arrangements

I wish for Burial Entombment Cremation
 Anatomical Gift

Cemetery (Name, Location)

Marker Preferences

I wish for my chapel service to be at Star of David Memorial's
 Chapel Graveside Synagogue Other

I would like to have pictures, video, montage played at my funeral or shiva house. Yes No

Additional Pre-paid Un-paid plans for such a service have been discussed and are on file with Star of David Memorial.

I prefer that any memorial contributions be designated for organizations and institutions most meaningful to myself and my family such as:

“Because in the end,
everything matters.”



Star of David Memorial Chapels, Inc.

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631-454-9600 • 866-95-SHALOM

starofdavidchapel.com