

Quick Reference

RETAIN FOR YOU RECORDS

Your Name _____ Date of Birth _____

Spouse Name _____

Parish and City (where you are currently registered): _____

Medical Power Of Attorney

Have you granted medical power of attorney to someone in writing? Yes No

If yes, who is so designated: _____

Have you given them a copy of the medical power of attorney? Yes No

Telephone: _____

Do You Have A Will? Yes No

Where is the original will kept? _____

Who has a copy of this or prior wills? _____

Executor Of Your Estate

Name _____

Address _____

Telephone _____

Email _____

At The Time Of My Death I Would Like My Body Turned Over To:

Funeral Home _____ City, Street _____

Other Arrangements _____

Have you made arrangements for anatomical gifts? Yes No

If yes, with what medical institution? _____

Contact _____ Phone _____

If an autopsy is requested, but not required,

Do you wish an autopsy to be performed? Yes No

Do you wish to be cremated? Yes No Don't Care



Guardian of Minor Children Upon Death:

Name _____
Relationship _____
Telephone _____
Email _____

People Who Should Be Notified Immediately Upon Death:

Name _____
Relationship _____
Telephone _____
Email _____

Name _____
Relationship _____
Telephone _____
Email _____

Name _____
Relationship _____
Telephone _____
Email _____

Name _____
Relationship _____
Telephone _____
Email _____

Name _____
Relationship _____
Telephone _____
Email _____



1. *Specific bequest*

This is a gift of a specific item to a specific beneficiary. For example, “I give my house to <parish name, city, state>.” If that specific property has been disposed of before death, the bequest fails and no claim can be made to any other property.

2. *General bequest*

This is usually a gift of a stated sum of money. It will not fail, even if there is not sufficient cash to meet the bequest—even if other assets need to be sold. For example, “I give \$50,000 to <parish name, city, state> .”

3. *Percentage bequest*

Using percentages can be a simple way to ensure that heirs benefit proportionately if your estate grows or shrinks during your lifetime, e.g., “I give devise and bequeath 10 percent of my estate to <parish name, city, state>.” A convenient way of making sure your heirs and those charities you support receive equal shares is: “I give devise and bequeath my estate to each of my three children and <parish name, city, state> in equal shares.”

4. *Endowed bequest*

This bequest allows you to restrict the principal of your gift, requiring the funds to be held permanently and only the income generated to be used. Ask the charitable recipient or The Catholic Foundation Archdiocese of Santa Fe if they already have a named endowment fund. If so, you may identify the fund by name as the recipient of the gift. “I give \$20,000 to the <parish name endowment fund, city, state>,” or “I give \$20,000 as an endowed gift to <parish name, city, state> .”

5. *Beneficiary bequest*

One of the simplest and cheapest ways to add charity to your estate plan is to change a beneficiary designation on retirement assets, IRAs or Life Insurance. A gift made this way does not pass through probate, and there is no charge to make these changes. Any asset with a beneficiary designation can have a full, partial, or contingent beneficiary. Consult your plan administrator or insurance company for a beneficiary change form. Simply insert the charity name and address into the form. If the full name doesn't fit in the space provided, ask for help from the company providing the form.

Please contact The Catholic Foundation Archdiocese of Santa Fe if you have additional questions or if you would like a personal consultation on leaving a gift at death to a parish, school, cemetery, the Archdiocese of Santa Fe or any Catholic organization or ministry in the Archdiocese.



My Catholic Legacy Gift(s)

PASTOR OR THE CATHOLIC FOUNDATION

Name(s): _____ Phone: _____

Address: _____

Email: _____

City, State: _____ Zip: _____ Parish: _____

Birthday (mm/dd/yyyy) _____ Spouse's Birthday: _____

Today's Date: _____

This notification is non-binding and revocable. Use additional pages as needed.

1 I have designated _____ to receive a gift from my estate.
(name of parish, Catholic school, ministry or charity)

a. Please describe your planned gift(s) (bequest in will, life insurance policy, IRA beneficiary, real estate, etc.):

b. Anyone who notifies the church that the Church is a recipient of a gift in their estate plan is included as a member of The Catholic Foundation Legacy League. As the printed list of The Legacy League names grow it is an inspiration to others to see those they know have also made this commitment. Any shared gift information will be kept in strict confidence. May we print only your name as a member of The Legacy League in publications?

Check one of the following:

I give permission for my name only to be published in printed materials.

I prefer to remain anonymous.

2. Please contact me with information on gifts that pay me a fixed income for my life.

Thank you for your generous gift!



The Catholic Foundation
ARCHDIOCESE OF SANTA FE

4333 Pan American Frwy N.E., Suite D | Albuquerque, NM 87107
www.thecatholicfoundation.org | (505) 872-2901

Wake or Vigil Liturgy

PASTOR

Do you wish to have a wake: Yes No | If yes, at the: Funeral Home Church

Please mark the type of prayer at the wake: Prayer Service Rosary Liturgy of the Hours

Presidor Name (if available): _____

Scripture: _____

Music: _____

Do you prefer to have the casket: Open Closed Discretion of my family

Do you wish memorial gifts? Yes No If yes, designated Church or Charity: _____

Do you wish flowers? Yes No

Other Arrangements



Funeral Liturgy/Graveside Service

PASTOR

Church _____

City, State: _____ Zip: _____

Pallbearers

_____	_____
_____	_____
_____	_____
_____	_____

Other Arrangements

Burial

Cemetery _____

City, State: _____ Zip: _____

Do You Own A Cemetery Plot?

Yes No | If yes, where is the cemetery deed kept: _____

Section: _____ Lot: _____ Block: _____ Plot: _____

Mausoleum _____ Crypt or Niche#: _____

Special instructions regarding tombstone or monument and wording:



Durable Power Of Attorney For Health Care Decisions General Statement Of Authority Granted

ATTORNEY AND EXECUTOR

Page 1 of 3

I, _____ designate and appoint:

Name: _____

Address: _____

Telephone Number: _____

to be my agent for health care decisions and pursuant to the language stated below, on my behalf to:

1. Consent, refuse consent, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, and to make decisions about organ donation, autopsy and disposition of the body;
2. make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution; to employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care as the agent shall deem necessary for my physical, mental and emotional well being; and
3. request, receive and review any information, verbal or written, regarding my personal affairs or physical or mental health including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information.

In exercising the grant of authority set forth above, my agent for health care decisions shall be guided by and honor the provisions of that certain Catholic Declaration on Life & Natural Death ("Declaration"), which I have executed. In the event that any provision here of shall conflict with such Declaration, the Declaration shall control.

Initials: _____



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Limitations Of Authority

1. The powers of the agent herein shall be limited to the extent set out in writing in this durable power of attorney for health care decisions, and shall not include the power to revoke or invalidate the Declaration.

2. The agent shall be prohibited from authorizing consent for the following items:

3. This durable power of attorney for health care decisions shall be subject to the additional following limitations:

Effective Time

This power of attorney for health care decisions shall become effective (CHECK ONE BOX):

- immediately and shall not be affected by my subsequent disability or incapacity;
- upon the occurrence of my disability or incapacity as determined by two physicians, one whom shall be my treating physician.

Revocation

Any durable power of attorney for health care decisions I have previously made is hereby revoked. This durable power of attorney for health care decisions shall be revoked by an instrument in writing executed, witnessed or acknowledged in the same manner as required herein.

Execution

Executed this _____ day of _____, 20_____, at _____

Principal: _____

Initials: _____



Durable Power Of Attorney For Health Care Decisions General Statement Of Authority Granted

EXECUTOR

Page 3 of 3

NOTE: This document must be: (1) witnessed by two individuals of lawful age who are not the agent, not related to the principal by blood, marriage or adoption, not entitled to any portion of principal's estate and not financially responsible for principal's health care; OR (2) acknowledged by a notary public.

Witness: _____

Address: _____

Witness: _____

Address: _____

-OR-

State of: _____

County of: _____ **SS.**

This instrument was acknowledged before me on the _____ day of _____, 20 _____

by _____.

Notary Public: _____

My appointment expires: _____

Initials: _____



Catholic Declaration On Life & Natural Death

ATTORNEY AND EXECUTOR

Page 1 of 3

Prologue

To my family, friends, physician, lawyer & pastor

I am a Roman Catholic. I believe:

...in God the Father Almighty, and that my life and all creation is His loving gift;

...in Jesus Christ, His only Son, who suffered and died on the cross for my redemption;

...in the resurrection of the dead and the life of the world to come;

... in the Holy Catholic Church, and I desire to abide by her teachings for my whole life, from birth through natural death;

...that man is made in the image and likeness of God, and that each human person must therefore be accorded dignity and respect;

...that under God's providence, I am the steward of my life and must use all ordinary means to preserve it;

...that in accord with the teachings of the Church, I may legitimately refuse or discontinue extraordinary means to preserve my life.

Therefore, I pray that with Christ's help I may accept the joys and sorrows of life and natural death, follow the teachings of Christ and the Church and, by the grace of God, pass from this life into His eternal presence.

I pray also that my family, my friends and all the community of the Church will join me in this prayer, and continue to pray for me and all the departed that we may rest in eternal peace.

Declaration

1. Purpose. This Catholic Declaration on Life and Natural Death, made while I am of sound mind, is provided as a means of making known my desires and directions regarding treatment or care for me in the event I become irreversibly or terminally ill. In the absence of my ability to give directions regarding any of the above, I intend that this Declaration shall be honored by my family and physician(s) as the final expression of my legal right to make decisions regarding medical or surgical treatment and accept the consequences for such decisions.

2. Full Disclosure of Facts. I admonish and direct my family, physicians, lawyer, pastor, and friends that, because of my Catholic belief in the dignity of the human person and my eternal destiny in God, if I become irreversibly, incurably, or terminally ill, I be informed fully of the facts so that spiritually I can prepare myself to die.

Initials: _____



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Catholic Declaration On Life & Natural Death

ATTORNEY AND EXECUTOR

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- 3. General Presumption for Life.** This Declaration is to be interpreted in favor of continued life. I direct that health care decisions be made which are consistent with my general desire for the use of medical treatment that would preserve my life, as well as for the use of medical treatment that can cure, improve, or reduce or prevent the deterioration in, any physical or mental condition. I request and direct that medical treatment and care be provided to me to preserve my life without discrimination based on my age or physical or mental ability. I reject any action or omission that is intended to cause or hasten my death. If the instructions contained herein do not adequately address an issue concerning my medical treatment and care, those making decisions on my behalf should be guided generally by the pro-life teachings of the Catholic Church.
- 4. Natural Death Instructions.** I have the right to make my own decisions concerning treatment that might inordinately prolong the dying process beyond the limits dictated by reason and good judgment. If I should have an incurable injury, disease or illness, certified to be a terminal condition by two physicians who have examined me (one of whom shall be my attending physician), and the physicians have determined, to the best of their professional ability, that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process; and if I am unable to make my own decisions and have no reasonable expectations of recovery, then I request and direct that no life-sustaining procedures be used to preserve my life. No means should be used with the intention of shortening my life. I intend for the term "life-sustaining procedure" to mean: any medical procedure or intervention which would only serve to prolong the dying process and where, in the judgment of the attending physician, natural death will occur whether or not such procedure or intervention is utilized.
- 5. Comfort Care.** I direct that if I have a terminal condition as described above, I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care and relief of pain, even if such may have the known, but unintended side-effect of hastening my death.
- 6. Nutrition and Hydration.** I believe that food (nutrition) and fluids (hydration) are not medical treatments, nor medical procedures, but ordinary means of preserving life. Therefore, I direct my health care provider(s) to provide me with food and fluids orally, intravenously, by tube, or by other means to the full extent necessary both to preserve my life and to assure me the optimal health possible. Furthermore, if at such time I am unable to eat and drink on my own (i.e. in a natural manner) food and fluids must be provided to me in an assisted manner (i.e. by tubes or a similar manner) unless: (a) my death is imminent (i.e. likely to happen without delay); or (b) I am unable to assimilate food or fluids; or (c) food or fluids endanger my condition.

I understand the full import of this Declaration and I am emotionally and mentally competent to make this Declaration.

Signed this _____ day of _____, 20 _____

Signature: _____

Printed Name: _____

Address: _____

Initials: _____



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Catholic Declaration On Life & Natural Death

ATTORNEY AND EXECUTOR

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NOTE: THIS DOCUMENT MUST BE WITNESSED BY EITHER 2 WITNESSES OR 1 NOTARY PUBLIC.

The Declarant has been personally known to me and I believe the Declarant to be of sound mind. I did not sign the Declarant's signature above for or at the direction of the Declarant. I am not related to the Declarant by blood or marriage, entitled to any portion of the estate of the Declarant according to the laws of intestate succession or under any will of Declarant or codicil thereto, or directly financially responsible for Declarant's medical care.

Witness: _____

Address: _____

Witness: _____

Address: _____

-OR-

State of: _____

County of: _____ **SS.**

This instrument was acknowledged before me on the _____ day of _____, 20 _____

by _____

Notary Public: _____

My commission expires: _____

Copy to: Family, Physician, Lawyer, Pastor

Initials: _____



Information For Your Executor(s)

Page 1 of 5

The following information together with a copy of your funeral/burial instructions would be most helpful for you to provide to the executor(s) of your estate.

Full Name: _____

Social Security Number _____

Do You Own A Cemetery/Mausoleum Space?

Yes No | If yes, where is the deed kept: _____

Guardian Of Minor Children:

Address: _____

Telephone: _____

Email: _____

Name of Your Attorney:

Address: _____

Telephone: _____

Email: _____

Where Are Your Financial Records Kept?

Bank accounts, certificates of deposit, tax returns, etc.

Name of Your Attorney:

Address: _____

Telephone: _____

Email: _____

Please list the location of all your bank accounts

Name of Bank

Account Number

Insurance Policies Yes No

Company: _____

Company: _____

Location of Policy: _____

Location of Policy: _____

Beneficiary: _____

Beneficiary: _____



Page 2 of 5

Stocks & Bonds

Location of Certificates: _____

Name of Brokerage Firm: _____ Account#: _____

Name of Brokerage Firm: _____ Account#: _____

Certificate of Deposit (CDs) Bank: _____ Account#: _____

Certificate of Deposit (CDs) Bank: _____ Account#: _____

Safety Deposit Box Yes No

Location of Box: _____ Box Number- _____

Location of Key: _____

Does anyone else have access to your safety deposit box besides you? Yes No Who? _____

Does your executor? Yes No

If you have a personal safe, lock box or locked drawer, where do you keep the key/combination?

Credit Cards

Company: _____ Account#: _____

Company: _____ Account#: _____

Company: _____ Account#: _____

Real Estate Property

Address: _____ Address: _____

Mortgage Holder: _____ Mortgage Holder: _____

Location of deeds: _____

Location Of Car Title _____

Boat or other titles: _____



Digital Records

Please provide a list of digital assets and online accounts, including access information, where you keep virtual records, e.g. pictures, financial records, social network access, etc.

Personal Computer/Device

Username: _____ Password: _____

Account Type/Title: _____ http://www. _____

Username: _____ Password: _____

Information: _____

Account Type/Title: _____ http://www. _____

Username: _____ Password: _____

Information: _____

Account Type/Title: _____ http://www. _____

Username: _____ Password: _____

Information: _____

Account Type/Title: _____ http://www. _____

Username: _____ Password: _____

Information: _____

Account Type/Title: _____ http://www. _____

Username: _____ Password: _____

Information: _____

Account Type/Title: _____ http://www. _____

Username: _____ Password: _____

Information: _____



Information For Your Obituary

EXECUTOR

Full Name: _____

Place of Birth: _____ Date & Year of Birth: _____

Surviving Spouse: _____

Parents: _____

Siblings: _____

Predeceased by: _____

Your Education

Early: _____

College: _____

College: _____

Degrees Received: _____

Other Involvements (Fraternal Orders, Community Service, etc.)

Photo Yes No

Other Data You Wish Included (Attach Additional Pages If Necessary)

Memorial Gifts To:



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