

respect my wishes

A guide for my loved ones.



CREATED EXCLUSIVELY FOR CHICAGO JEWISH FUNERALS®

“Throughout our lives we make plans. Big plans. Small plans. But the one plan we often forget to make 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 complete this pamphlet, you will provide your family with a real 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.

And that’s the way it should be.”

***–David I. Jacobson
Founder
Chicago Jewish Funerals***

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 NO

I wish to have unusual measures or artificial means used to sustain my life when death is imminent.
 YES NO

At the time of my death

I give permission for an autopsy if it is required.
 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

RELATIVES

CHICAGO JEWISH FUNERALS 888.509.5011



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 every year.

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

OCCUPATION

BUSINESS OR INDUSTRY

EMPLOYER

MY LEVEL OF EDUCATION

MY SPOUSE'S NAME (IF APPLICABLE)

MY CHILDREN'S NAMES

MY GRANDCHILDREN'S NAMES

MY SIBLINGS NAMES



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

CEMETERY (NAME, LOCATION)

MARKER PREFERENCES

I wish for my service to be at Chicago Jewish Funerals:

CHAPEL GRAVESIDE SYNAGOGUE OTHER

I would like to have pictures, video, montage played at my funeral or shiva house.

Additional PRE-PAID UN-PAID plans for such a service have been discussed and are on file with Chicago Jewish Funerals.

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

These are my wishes and decisions at this time. I expect my survivors to use good judgment in making changes.

SIGNATURE

NAME

DATE

Additional notes

Keep this form in a safe accessible place and inform several people close to you of its existence. You may need to prepare additional copies.





The way it should be.

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