respect my wishes

A guide for my loved ones.



"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 att ☐ YES ☐ LOCATION	torney. _ _ 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 co ☐ YES ☐ NO	are.
I wish to have unusual measures or artificia used to sustain my life when death is immir	
☐ YES ☐ NO	
At the time of my death	
I give permission for an autopsy if it is requ	ired.

☐ 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			

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)	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 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 me and my family such as:

Additional thoughts	
I WANT TO BE REMEMBERED FOR:	
SPECIAL MOMENTS IN MY LIFE INCLUDE:	
	_
THESE THINGS MAKE ME HAPPY, SAD, GRATEFUL:	
SOMETHING I WOULD LIKE PEOPLE TO KNOW ABOUT ME:	
THE FUNNIEST THING THAT EVER HAPPENED TO ME:	
THE LEGACY I WISH TO PASS ON IS:	
These are my wishes and decisions at this time. I expect my survivors to use good judgment should any changes need to be made.	
SIGNATURE	
NAME DATE	

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.

Buffalo Grove • Skokie

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PROUD MEMBER OF KAVOD
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