



Please complete this worksheet for your record at the Office of the Vicar for Clergy. Please provide a copy to your executor and retain a copy for your personal files.

Name _____ **Date of Birth** _____

Worksheet Date _____ **Worksheet Revised Date** _____



RESPONSIBLE PARTIES

Please see the Responsibilities Addendum for an explanation of these roles.

Health Care Representative

Name _____ **Phone** _____

Address _____

Email Address _____ **Relationship** _____

Power of Attorney

Name _____ **Phone** _____

Address _____

Email Address _____ **Relationship** _____

Legal Representative/Nearest of Kin (NOK)

Name _____ **Phone** _____

Address _____

Email Address _____ **Relationship** _____

Executor of the Estate (if different from NOK.)

Name _____ **Phone** _____

Address _____

Email Address _____ **Relationship** _____

FUNERAL AND CEMETERY PREFERENCES

Please Note: Mt. Calvary & Gethsemani Catholic Cemeteries & Funeral Home have special provisions and discounts for the diocesan priests of the Archdiocese of Portland in Oregon. Please call 503-292-6621 for details or see the Funeral Services Information Addendum.

Funeral Home: _____

Address _____

Phone _____ Contact _____

Contact for Vigil or Wake: *(if different from your Executor. Please let the person know your preferences for prayers, readings, etc.)*

Name _____ Phone _____

Address _____

Email Address _____ Relationship _____

Contact for Rosary: *(if different from your Executor. Please let the person know your preferences.)*

Name _____ Phone _____

Address _____

Email Address _____ Relationship _____

Funeral Mass Planning: Please see the Funeral Mass Planning For Priests Worksheet. As a priest of the Archdiocese of Portland and to recognize your work in ministry, the Archbishop will be honored to host your Funeral Mass at St. Mary's Cathedral and be the main celebrant.

Contact for Funeral Mass: *(if different from your Executor. Please let the person know your preferences with names and contact information for people you would like involved in the Mass. He or she will be responsible for putting them in contact with the Office of Divine Worship. Please provide them with a copy of your Funeral Mass Planning Worksheet.)*

Name _____ Phone _____

Address _____

Email Address _____ Relationship _____



Contact for the Public Reception following the Funeral Mass: *(if different from your Executor. A reception is optional. Please let the person know your preferences and payment plan.)*

Name _____ Phone _____

Address _____

Email Address _____ Relationship _____

Cemetery: _____

Address _____

Phone _____ Contact _____

Rite of Committal at the Cemetery: *(Please let the priest know your preferences.)*

Priest to do the Rite of Committal _____



FUNERAL EXPENSES

Please record in your Last Will and Testament how funeral and cemetery expenses will be paid. The executor or legal representative will either need immediate access to the decedent's funds to pay for funeral expenses that may be required to be paid in advance of service, or they will need to pay the expenses themselves and seek reimbursement from the estate.

Have you prepaid for your funeral and cemetery expenses? (Yes/No) _____

Please Note: The Office of Divine Worship covers the cost of the funeral worship aids and Cathedral Choir stipends for Masses held at the Cathedral. There is no cost to use the Cathedral or the Cathedral School Hall for a priest's funeral.



PUBLICATIONS

Obituary and Picture Contact: The Vicar General will send the obituary to the staff & clergy of the Archdiocese of Portland. Who can the Office of Vicar for Clergy call to personalize your obituary and obtain a picture? *(Please let the person know your preferences.)*

Name _____ Phone _____

Address _____

Email Address _____ Relationship _____

People for the Office of Vicar for Clergy to Notify: (e.g. family, colleagues, classmates) *The Office of Vicar for Clergy will already plan to notify the prelates and clergy of the Archdiocese and the parishes you have served.*

Name _____ **Phone** _____

Email Address _____ Relationship _____

Name _____ **Phone** _____

Email Address _____ Relationship _____

Name _____ **Phone** _____

Email Address _____ Relationship _____

Name _____ **Phone** _____

Email Address _____ Relationship _____

Name _____ **Phone** _____

Email Address _____ Relationship _____



DOCUMENTS CHECKLIST FOR PRIEST TO COMPLETE

- Completed **Durable Power of Attorney** with notice given to your NOK.

Date of Document: _____

- Completed **Form for Appointing Health Care Representatives** with a copy for each Representative and your Power of Attorney.

Date of Document: _____

- Completed **HIPPA Privacy Authorization Form** with a copy for each Representative and your Power of Attorney..

Date of Document: _____

- Completed **Advanced Directive for Oregon** (aka Living Will) with a copy on file with your Power of Attorney.

Date of Document: _____

On File with the Archdiocese (yes/no): _____

- Completed **Last Will and Testament** and reviewed with your Executor.

Date of Document: _____

On File with the Archdiocese (yes/no): _____

- Completed **Funeral Mass Planning For Priests Worksheet** with a copy on file with the Office of the Vicar for Clergy.

Date of Document: _____

- Completed **Appointment to Control Disposition** form with notice given to your NOK.

Date of Document: _____

