**SUPPLEMENTAL HEALTH CARE MEMORANDUM**

NAME:

ADDRESS:

I. LONG-TERM CARE

What are your general feelings about long-term health care facilities? If you had dementia or another similar disease, or if you were in a permanent vegetative state, would you prefer to be cared for at home or in the home of a family member, rather than a long-term care facility? To what degree should your relatives and health care agents balance this preference against the expense of such treatment and/or the burden on your family?

II. ORGAN DONATION (select one)

⬜ I wish to donate any of my organs, tissues, or eyes to be used either for transplantation to a live person in need or for research or education.

⬜ I wish to donate any of my organs, tissues, or eyes to be used only for transplantation to a live person in need.

⬜ I wish to donate these specific organs only: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

⬜ I do not want to donate any organs or make any other anatomical gifts.

III. OTHER END-OF-LIFE REQUESTS

1. Disposition of Remains (check all that apply)

⬜ I want to be buried at:

⬜ I want to be cremated and my ashes kept as follows:

⬜ Other requests with respect to disposition of remains:

1. Service (check all that apply)

⬜ I want a religious service to be held for me at:

⬜ I want a memorial service to be held for me at:

⬜ I want a graveside service to be held for me.

⬜ I do not want any kind of service held for me.

⬜ Other requests with respect to service, visitation, wake, shiva, etc.:

1. Obituary/Memorial Gifts

I want my obituary to mention the following:

I want any gifts in my memory to be made to the following charity:

1. Arrangements

I have already made arrangements for the disposal of my remains as follows:

Funeral Home:

Cemetery:

Insurance:

Military benefits:

Other benefits:

Other:

 Date:

 Signature: