

My Important Information and Wishes

A guide for arranging my funeral.

CREATED FOR MEMBERS OF
THE UNITED HEBREW COMMUNITY OF NEW YORK
www.UHCofNY.org
212-674-3580 * info@UHCofNY.org

Before my death

I have prepared my health care power of attorney.

YES NO LOCATION _____

I have advanced health care directives (a health care proxy).

YES NO LOCATION _____

I have a "durable" power of attorney.

YES NO LOCATION _____

I have an ethical will.

YES NO LOCATION _____

I have a halachic will.

YES NO LOCATION _____

I have a DNR.

YES NO LOCATION _____

If applicable, 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

I have an Appointment of Agent to Control Disposition of My Remains Agent Form.

YES NO LOCATION _____

At the time of my death DO NOT call a funeral home

First call: The **UNITED HEBREW COMMUNITY of NEW YORK** (UHC), my burial society, at 212-674-3580, or 516-674-3580, or 877-674-3580, or 718-859-4271. They can be reached **24 hours a day, 7 days a week, every week of the year.** They will arrange my funeral.

MY UHC MEMBERSHIP NUMBER IS: _____

Then please contact my Agent/ Relative:

NAME _____

PHONE NUMBER _____

MY ADDITIONAL RELATIVES NAME:

PHONE NUMBER _____

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 #, AMOUNT

COMPANY, AGENT, PHONE

POLICY #, AMOUNT

COMPANY, AGENT, PHONE

POLICY #, AMOUNT

Outstanding loans and credit

Attach dated list and keep current every year.

Biographical information

MY NAME

MY HEBREW NAME

PLACE OF BIRTH (CITY, STATE)

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

I DO I DO NOT WISH TO HAVE A COLOR GUARD AT MY SERVICE

WHEN I WORKED MY OCCUPATION WAS

BUSINESS OR INDUSTRY

MY EMPLOYER WAS

MY HIGHEST 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

CEMETERY (NAME)

SOCIETY (NAME, BLOCK/SECTION, ROW, GRAVE, LOT, MAP, ETC...)

SOCIETY CONTACT PERSON FOR PERMIT (NAME, PHONE NUMBER, EMAIL)

I wish for my service to be at:

CHAPEL GRAVESIDE SYNAGOGUE OTHER

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:

ATTACH ADDITIONAL PAPERS IF NEEDED

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

DECLARATION OF WITNESS (should **not** be the Agent or a close relative of the person executing this document):

I declare that the person who executed this document is personally known to me (or produced identification) and appears to be of sound mind and acting of his / her free will. He / She signed (or asked another to sign for him / her) this document in my presence.

Witness 1 Signature

Witness 1 Print Name

Witness 1 Address

Witness 2 Signature

Witness 2 Print Name

Witness 2 Address

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.

Please send a copy to our office to add to your records



United Hebrew Community of New York

**The Leading Jewish Burial
Society in New York
Since 1901**

1023 Broadway, Woodmere, NY 11598

212- 674- 3580

516- 674- 3580

877- 674- 3580

info@UHCofNY.org

Contact our office for additional complimentary copies.