



Last Respects Consulting

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Pre-Plan Worksheet

Person's Name	
Expected cause of death; Contagion issues?	
Responsible Party's Name & Relationship	
RP's Contact Info & Place of Residence (local?)	
Advance Healthcare Directive completed? Have copy?	
Spiritual Tradition	
Spiritual Leadership, Contact, Guidance	
Special Notes Regarding Observance, Vigil	
Celebration of Life <i>Before</i> Passing?	
Funeral Before Disposition? Memorial After?	
Special Garments?	
Other special instructions?	
Mortuary Contact— PrePlan & Prepayment done? Documentation?	
Relationships & Roles	

BODY CARE TEAM

Leader:

Name: _____

Phone: _____

Other: (specify text/email/etc)

Back-up Leader: (name & phone number)

Name: _____

Phone: _____

Other: (specify text/email/etc)

Notes: