



## DURABLE POWER OF ATTORNEY FOR HEALTH CARE

*It is ethically appropriate to designate a trusted person to make health care decisions for you when you are unable to do so. In our lives, there are times when we need to rely on others to do what is best for us. It is your right to plan for those times when you may need someone to make health care decisions for you.*

In the event that I am not capable of giving informed consent, I, \_\_\_\_\_  
(print your full name)  
as principal, designate and appoint the person listed below as my attorney-in-fact for health care (hereafter, agent).

DESIGNEE: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

In the event the above designee is unable or not available to act on my behalf, I appoint the person listed below as my agent for health care.

ALTERNATE DESIGNEE:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

### POWERS RELATED TO HEALTH CARE DECISIONS

My agent for health care shall have the power to make health care decisions on my behalf if I am unable to do so. My agent has the authority to give informed consent to health care providers, including the authority to make decisions about giving, withholding or withdrawing life-prolonging medical treatment. As a Catholic, I believe in a merciful God who sent his son, Jesus Christ, to redeem us so that we might have eternal life. I wish to follow the teachings of the Church, especially in regard to care at the end of my life.

*You may wish to include additional instructions.*

Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



By completing this document, I intend to create a durable power of attorney for health care under Chapter 11.94 of the Revised Code of Washington. It shall take effect upon my incapacity to make my own health care decisions and shall continue during that incapacity to the extent permitted by law or until I revoke it.

By signing this document, I indicate that I understand the purpose and effect of this durable power of attorney for health care.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signed \_\_\_\_\_

*(Washington state law requires two witnesses or notarization for a Durable Power of Attorney for Health Care. Witnesses are valuable as they "witness" that you understand what you are signing. Members of your medical team may witness the Durable Power of Attorney for Health Care.*

\_\_\_\_\_  
(witness signature)

\_\_\_\_\_  
(witness signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(print name)

STATE OF WASHINGTON

County of \_\_\_\_\_

On this day personally appeared before me, \_\_\_\_\_  
known to be the individual described in and who executed the within and foregoing instrument, and  
acknowledged that he/she signed the same as his/her free and voluntary act and deed for the uses and  
purposes therein mentioned.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public in and for the State of Washington,  
residing in \_\_\_\_\_  
My appointment expires \_\_\_\_\_



## DIRECTIVES TO PHYSICIANS

*I believe that my life is a precious gift from God and that it is given to me as a sacred trust over which I have stewardship. It is my belief that I have a duty to preserve my life, but I also believe that I have been created for eternal life in union with God. I wish to follow the teachings of the Catholic Church which allow treatments that offer no reasonable benefit and impose excessive burdens to be withheld or withdrawn. This document outlines my wishes:*

Directive made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (month, year).

I, \_\_\_\_\_  
(print full name) being of sound mind, willfully

and voluntarily make known my desire that my life shall not be prolonged by medical means under the circumstances set forth below, and do hereby declare that:

*(You may choose by initialing one or both of the following options. This will provide direction to your physician.)*

\_\_\_\_\_ If I am diagnosed by my attending physician to be in a terminal condition and where the application of "life-sustaining treatment" would serve only to prevent natural death from occurring, I direct that such treatment be withheld or withdrawn, and that I be permitted to die naturally. To the extent possible, I request that life-sustaining measures be used to permit me to receive Anointing of the Sick from a Catholic priest. Thus, I want my treatment limited to medical and nursing measures that are intended to maintain my dignity, to keep me comfortable and to relieve my pain.

\_\_\_\_\_ If I am diagnosed by two physicians to be in a permanent unconscious condition and there is no probability of recovery, I do not want life-prolonging treatment to be provided or continued. Thus, I want my treatment limited to medical and nursing measures that are intended to maintain my dignity, to keep me comfortable and to relieve my pain.

If I am diagnosed to be in a terminal condition or in a permanent unconscious condition and there is no probability of recovery:

*(You may choose by initialing one of the following options. This will provide direction to your physician.)*

\_\_\_\_\_ I DO wish to have artificially provided nutrition and hydration as long as they are of benefit to me and alleviate suffering.

\_\_\_\_\_ I DO NOT wish to have artificially provided nutrition and hydration if they are no longer a benefit to me, or if they impose an excessive burden on me.

*(You may wish to include below any other statement regarding your intent or desires about your care at the end of your life.)*

Additionally, I \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this directive shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of such refusal. I request that my agent or alternate make these decisions for me, whether through a durable power of attorney or otherwise. I request that the person be guided by this directive and any other clear expressions of my desires.

It is my wish that every part of this directive be fully implemented. If for any reason any part is held invalid, it is my wish that the remainder of my directive be implemented.

Any physician of mine may send a copy of this document to any health care facility caring for me.

If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.

I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

Signed \_\_\_\_\_

\_\_\_\_\_  
*City, County and State of Residence*

The declarer is personally known to me, and I believe him or her to be of sound mind. The signature above was made in my presence. I am not related by blood or marriage, and to my knowledge, not entitled to a portion of the declarer's estate.

Witness \_\_\_\_\_  
*(witness signature)*

\_\_\_\_\_  
*(print name)*

Residing at: \_\_\_\_\_

\_\_\_\_\_

Witness \_\_\_\_\_  
*(witness signature)*

\_\_\_\_\_  
*(print name)*

Residing at: \_\_\_\_\_

\_\_\_\_\_



## FUNERAL ARRANGEMENTS

Your death marks the end of your life on earth and is the beginning of your eternal life. You may wish to assist your grieving family and friends by providing some instructions about your funeral and burial. Parishes often have funeral guidelines and must be consulted when making arrangements. Catholic cemeteries provide funeral planning booklets that may be helpful.

The following may assist you with planning. Indicate any preferences or specific instructions that you have.

- I. I would like my funeral service to be held at \_\_\_\_\_  
II. I would like the following people to participate in the service:

A. Pallbearers: \_\_\_\_\_  
\_\_\_\_\_

B. Other participants (ushers, lectors, gift bearers): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- III. My favorite Scripture readings and liturgical music are:

A. Readings:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

B. Music:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

- IV. The Catholic Church recommends the burial of the body but allows cremation. The Church encourages that the body be present for religious services (Mass), even if cremation is desired. In keeping with the sacred nature of the cremated remains of the body, the Church maintains that they be treated in the same way as non-cremated remains. This includes burial of cremated remains in a cemetery or columbarium.

I would like:

- A. \_\_\_\_\_ Traditional burial of my body  
B. \_\_\_\_\_ Cremation after my funeral  
C. \_\_\_\_\_ Cremation prior to my funeral



V. I would like my final resting place to be at \_\_\_\_\_ Cemetery.

VI. I \_\_\_\_\_ DO \_\_\_\_\_ DO NOT have an interment space.

The Catholic Church teaches that, with consent, “organ donation after death is a noble and meritorious act to be encouraged as an expression of generous solidarity” (*Catechism of the Catholic Church* 2296). The body must be treated with respect, and, if the body is donated, a memorial service is encouraged. The remains of the donor’s body, after medical research, should be given an appropriate burial.

- A. I am an organ donor. \_\_\_\_\_ Yes \_\_\_\_\_ No
- B. I wish to donate my body. \_\_\_\_\_ Yes \_\_\_\_\_ No

List particulars, if you have made arrangements for donating your body or specific parts of your body: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VII. My will and personal papers are located at: \_\_\_\_\_  
\_\_\_\_\_

VIII. For more detailed preplanning, you may contact:

- A. Associated Catholic Cemeteries, Archdiocese of Seattle: 206-524-1451  
[mycatholiccemetery.org](http://mycatholiccemetery.org)
- B. Holy Cross Funeral & Cemetery Services, Diocese of Spokane: 509-467-5496  
[holycrossofspokane.org](http://holycrossofspokane.org)
- C. Catholic Cemeteries of Yakima, Diocese of Yakima: 509-457-8462  
[yakimadiocese.org/directory-church\\_direct/categories/cemeteries](http://yakimadiocese.org/directory-church_direct/categories/cemeteries)

Catholic cemeteries are signs of hope that provide a place for prayer and witness to our belief in the resurrection promised through Jesus Christ. This ministry provides education concerning pre-arrangement planning and serves as a resource regarding funeral and burial services.