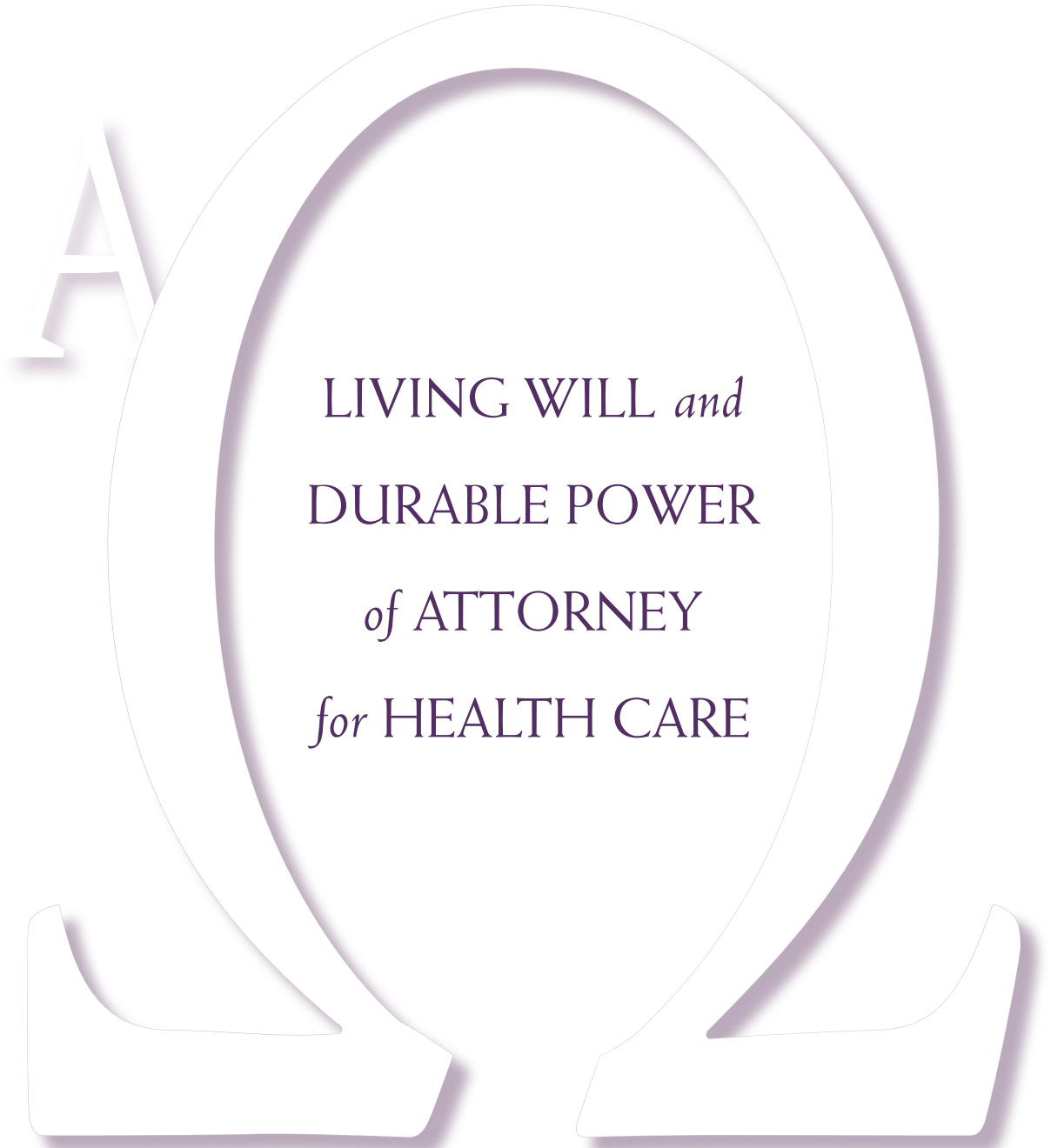


A GUIDE *to* MAKING GOOD DECISIONS
for the END of LIFE



WASHINGTON STATE CATHOLIC CONFERENCE

This booklet is available on the WSCC website at www.thewsc.org.



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Cover design: The alpha (Α) and omega (Ω) are the first and last letters of the Greek alphabet. In the Book of Revelation, God says: "I am the Alpha and the Omega, the first and the last, the beginning and the end." (Rev. 22:13) With these words we are assured that God is always with us.



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Do not let your hearts be troubled. You have faith in God; have faith also in me.

And if I go and prepare a place for you, I will come back again and take you to myself, so that where I am you also may be.

(John 14:1,3)



*"Lord, for your people, life is changed, not ended.
When the body of our earthly dwelling lies in death
We gain an everlasting dwelling place in heaven."*

PREFACE FOR A CHRISTIAN DEATH

Dear Friends in Christ,

Human life is a sacred gift from a loving God who created and redeemed us. We live our earthly lives knowing that God constantly extends his hand in loving friendship to us and that our union with him will be complete in heaven. Our faith teaches that death is not an end, but rather a transition to eternal life with God. God created us to be one with him, body and soul, in heaven!

Medical advances are a great blessing and today can save the lives of people who just a few years ago would not have survived serious illness. These advances can significantly improve a person's quality of life, but they also can raise the fear that we may be controlled by technology at the end of our lives. The dying process can entail health care decisions that are stressful and not easily understood.

The Bishops of Washington State and the Washington State Catholic Conference have prepared this booklet as a resource to assist you in making choices about your health care and in communicating your decisions to others. Our Catholic faith encourages prayerful reflection on death and responsible preparation for it in light of Church teachings. In our rich and thoughtful tradition, there are sound principles for making decisions about initiating or continuing medical treatments.

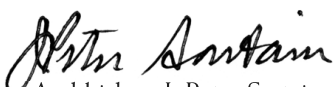
Because human life is a gift from God, we have a duty to cherish, respect, nurture and preserve it. Moreover, because we believe that through death we enter eternal life, we also see the end of life as a sacred time, one during which our passage to the Lord takes place in a prayerful, loving, caring, and medically appropriate environment. It is in that spirit of Christian faith that we offer this booklet and the resources it contains.

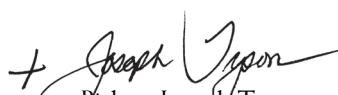
At times, we and our loved ones face difficult decisions regarding health care at the end of life. In the State of Washington, for example, the law allows you to execute a document instructing the withholding or withdrawal of life-sustaining procedures when you are in a terminal condition. You can also give "power of attorney for health care" to someone you trust. This allows the trusted person to make health care decisions for you if you are not able to make them for yourself. We recommend that you designate a person to have your power of attorney for health care and that you indicate to him or her your wishes for treatment at the end of your life. Take time now to discuss your feelings about various health care treatments and life support. In this way, your wishes will provide direction to your family and friends should you become unable to express them at the time of serious illness. We encourage you to review the documents contained in this booklet and to fill them out in order to have a record of your wishes.

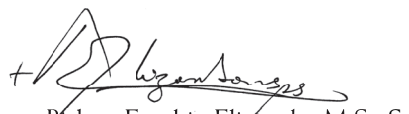
As your bishops, we encourage you to prayerfully reflect on our Catholic teaching contained in these pages, because it provides guidance for the difficult decisions you and your loved ones may confront at the end of your life. We pray that you will be strengthened and consoled as you make these decisions. The Lord Jesus promised to remain with us, to accompany us on the journey of life, and to lead us as our Good Shepherd to eternal life with his heavenly Father. He will never abandon us, and even on our final journey, he is at our side, to guide and comfort.

Catholic teaching about the end of life is an expression of God's love for the lives he has created and redeemed. Jesus experienced human suffering and death, and in Baptism we were joined to his victory over them. Our suffering and our death, as mysterious as they might be, find their meaning in him who died for us and draws us to himself. No one who places trust in him in living or in dying will ever be disappointed.

Sincerely in Christ,

+ 
Archbishop J. Peter Sartain
Archdiocese of Seattle

+ 
Bishop Joseph Tyson
Diocese of Yakima

+ 
Bishop Eusebio Elizondo, M.Sp.S.
Auxiliary Bishop of Seattle



LIVING AND DYING WELL: CHOICES ABOUT HEALTH CARE

Rev. Lawrence Reilly

DYING IS ONE OF THE MOST IMPORTANT MOMENTS IN OUR LIVES. Like all important moments, it deserves thoughtful preparation. The better we prepare to live our experience of dying, the greater the likelihood we will die in a context of love and respect. Our Church has a long history of helping people to die well. We should take advantage of this help.

Some of us, of course, will die sudden, unexpected deaths. But most of us will not. All of us must learn to prepare better for dying. Even if our own deaths are sudden, we want to be supportive of family and friends who die before us.

Each one of us is the primary decision-maker about the kind of care he or she will receive while dying. In other words, you have the first responsibility to make decisions about your care. As we do in most important decisions in our lives, we should seek others' advice about how to live while dying and we should let others know how we want to die. It is very important to communicate our wishes to our families, friends and health care providers.

When we fail to do this, we run the risk of having decisions made for us by others, decisions which may well contradict our wishes, even be contrary to our best interest.

In the 1950's, Pope Pius XII spoke clearly and forcefully about ordinary and extraordinary means. His teaching has been reiterated often, most recently by Pope John Paul II. Pope Pius taught that we all have a moral obligation to take ordinary means to preserve our health and our lives. We do not have a moral obligation to take extraordinary means to preserve our health or our lives. Extraordinary means are those that place a grave burden on a dying person or on the dying person's family. Sometimes, treatments that are medically ordinary become morally extraordinary. Pope John Paul made it very clear that, in prosperous countries like ours, treatments like artificial nutrition and hydration are medically ordinary and therefore must be provided; but we do not have to accept these medically ordinary treatments if they are morally extraordinary for us. A treatment that is medically ordinary can be morally extraordinary, and therefore not obligatory, if it places a grave burden on the patient. The patient decides. This is not situation ethics; this is careful decision making based on respect for the God-given dignity of the human person and on the moral principles clearly enunciated by the Catholic Church.

Who determines whether a specific course of treatment or technological intervention is extraordinary or a grave burden? You do. Of course, it's important to discuss your situation with others, but ultimately only you can say whether or not something is a grave burden



for you. That is why some persons (both old and young) refuse kidney dialysis and die, while others accept it and live. For some, kidney dialysis is a grave burden, therefore not morally obligatory; for others, dialysis is not a grave burden, therefore ordinary means, therefore morally obligatory. Only the person who must undergo the treatment can say whether it is a grave burden.

This principle—the human person has a moral obligation to take ordinary means to preserve life but not extraordinary means—is a universal moral principle. We apply it to all treatments and technologies.

Another important principle is: there must be a due proportion between the benefit I wish to achieve and the burden I bear to achieve it. That is, the “burden” of the treatment must not be greater than the expected benefit. “Burden” can include pain, loss of human dignity, financial cost, and submission to onerous treatments that do not offer cure or relief from suffering. What is the benefit of certain treatments and therapies that are routinely prescribed for dying people in the United States? When you have only a short time to live, do you want to receive aggressive or invasive treatments that have little chance of doing anything but make your dying last longer? What is the true benefit of such treatments and what burden do they place on you or your family? If there is no clear benefit to some therapies or if their burden is too great, there is no moral obligation to undertake those therapies.

These two principles—extraordinary means and burden-benefit—are universally applicable. Some of the situations to which they apply are the following: cardio-pulmonary resuscitation, cardiac support, respiratory therapy, artificially supplied nutrition and hydration, chemotherapies, dialysis, surgeries without clear benefit, and so forth.

Decisions about aggressive treatment are moral questions and may require the information and advice of others. The teachings of the Church provide guidance and assistance in making choices about a particular action or course of treatment.

Catholic teaching is unambiguous in its support of drug management to relieve pain, even if this shortens life. At the same time, the Church condemns all those actions whose direct purpose is to terminate another person’s life. Since dying persons are very vulnerable, it is most important to do everything we can to relieve their physical and emotional pain. At the same time, because we respect dying persons, we must do all we can to prevent others from killing them with impunity.

Open discussion about dying and death is healthy. The discussion itself challenges us to think clearly and to join our loved ones and friends in making good decisions.

Father Reilly is a priest of the Diocese of Yakima. He was the director of the Office of Theology and Ethics for the Providence Health System in Seattle. He served on the ethics board of the Catholic Health Association of the United States.



QUESTIONS AND ANSWERS ABOUT END OF LIFE DECISIONS

Q: WHAT ARE ADVANCE DIRECTIVES?

A: It is appropriate for us to seek knowledge and guidance about the use of life-sustaining treatments and to inform others of our wishes.

Advance directives are documents that allow you to plan ahead and express your wishes in advance for a time when an illness or injury may prevent you from making known your wishes about health care decisions.

There are two basic advance directives. Sometimes these two documents are contained on one form. It is not necessary to have an attorney assist you in filling out these forms, but some people may wish to seek advice.

Durable power of attorney for health care: a written document that allows you to designate someone to make health care decisions on your behalf if you are unable to make them yourself. The person you choose is usually called your "agent."

Living will: a written directive that indicates your preferences for treatment or non-treatment in the event that you are terminally ill and death will occur in a short time.

Q: WHAT GUIDANCE DOES THE CATHOLIC CHURCH OFFER TO HELP INDIVIDUALS MAKE END-OF-LIFE TREATMENT DECISIONS?

A: The Catholic Church teaches that life is a gift given by God and each human person has inherent dignity and fundamental value. Human life is sacred and we have a duty to preserve it. However, this duty is not absolute as we also believe that death is the necessary passageway to the "fullness of life."

There is an obligation to use reasonable means to preserve our lives. However, not all illnesses can be cured even with current advances in science, medicine and technology. Your decision in making these difficult choices should be guided by the moral teachings of the Church. There are treatments that may possibly offer some benefit, but they are experienced as offering too little benefit when compared to the burden.

Each person decides if a treatment is beneficial or if it is excessively burdensome in relation to the benefit. If it is excessively burdensome, it can be withheld (not started) or withdrawn (stopped).

Q: ONE OFTEN HEARS ABOUT ORDINARY AND EXTRAORDINARY MEANS. WHAT ARE THEY?

A: "Ordinary means" are all medicines, treatments, procedures and technology that offer a reasonable hope of benefit and which can be obtained without excessive pain, expense or burden. "Extraordinary means" refers to all medicines, treatments, procedures and technology that *do not* offer a reasonable hope of benefit or cannot be obtained or used without excessive pain, expense or burden.

Catholics have a moral obligation to use ordinary means to preserve their lives. They also may choose to use extraordinary means, but they have no obligation to do so. "But normally one is held to use only ordinary means...according to the circumstances of persons, places, times, and culture—that is to say, means that do not involve any grave burden for oneself or another." (Pope Pius XII)



Q: ARE BENEFITS AND BURDENS THE SAME FOR EVERYONE?

A: Each of us decides the benefits and burdens of treatment according to our own physical, mental, emotional and spiritual health at the time of the decision. A particular treatment for one person may be a benefit while the same treatment for another person may be a burden.

For example, a woman in her 80s who suffers from advanced heart disease may decide not to be resuscitated if her heart stops. A man in his 30s whose heart stops, on the other hand, may want to use every possible means of resuscitation. A man in his 90s with advanced cancer and a very short time to live may not choose to receive chemotherapy. A young woman with cancer raising three young children, however, may decide that chemotherapy is a beneficial treatment that imposes a reasonable burden in proportion to the hoped-for benefits to her and her family.

Q: NUTRITION AND HYDRATION SEEM TO BE REGARDED IN A SPECIAL CATEGORY. WHAT DOES THE CHURCH TEACH ABOUT WITHHOLDING OR WITHDRAWING THEM?

A: Food and water are necessary to sustain life and providing them through the normal processes of eating and drinking is usually not burdensome. There should be a strong presumption in favor of their use. However, there are circumstances when providing nutrition and hydration is not required; for example, in medical conditions when food and/or water are not physically assimilated or tolerated, or when death is imminent.

Artificially provided nutrition and hydration may also in some situations be unduly burdensome, or in some cases may actually increase suffering. Withholding or withdrawing them may be morally justified. These decisions must be made on a case-by-case basis after evaluating all of the circumstances.

Q: WHAT IS THE DIFFERENCE BETWEEN ASSISTED SUICIDE AND THE WITHHOLDING OR WITHDRAWING OF TREATMENT?

A: Assisted suicide, legalized in Washington State in 2008, is the intentional taking of life and contradicts that God alone has sovereignty over life. Obtaining a lethal prescription to commit suicide is never permissible. On the other hand, withdrawing "extraordinary means" of medical treatment is morally permissible because by allowing nature to take its course, death occurs naturally.

Q: DO DYING PEOPLE HAVE TO SUFFER? CAN PAIN MEDICATION BE GIVEN THAT MIGHT SHORTEN A PERSON'S LIFE?

A: Every person experiences suffering, and our faith teaches that meaning can be found in suffering. However, no one is obligated to experience pain. Today, in most cases it is possible to relieve pain, even of dying persons, through the appropriate use of pain medication or other treatments.

It is always ethically permissible for dying persons to be given adequate pain medication to relieve their pain, even if the administration of these medications may indirectly hasten their death. This is compassionate care. It is not euthanasia.

Again, the answer lies in the intention. If the intent is to alleviate pain, appropriate medication necessary to accomplish that relief may be given. Occasionally, this may shorten a person's life, but it is permissible because the intention is to relieve the pain. There is no intention to kill the person. However, larger doses of the same medication could not be given to ensure the person's death.



DURABLE POWER OF ATTORNEY FOR HEALTH CARE CHOOSING YOUR AGENT

A DURABLE POWER OF ATTORNEY FOR HEALTH CARE is a tool that you use to legally empower another person to make health care decisions for you, if you are no longer capable or competent to do so. This person is often called your attorney-in-fact or agent. However, as long as you have the capacity to make informed health care decisions, you retain the right to make these decisions for yourself.

The durable power of attorney for health care is legally defined in Washington State law. The law allows you to designate a person and an alternate as your agent for health care decisions. You may also include specific instructions as regards the type of decisions your agent may make.

The law prohibits any of the following persons to act as your agent: your physician, your physician's employees, or the owners, administrators, or employees of the health care facility where you may reside, unless he or she is your spouse, or adult child or brother or sister.

You may revoke your durable power of attorney for health care at any time by oral or written notice to your agent, your physician, nurse or other health care provider.

Under Washington State law an agent can never authorize assisted suicide.

If you are 18 years of age or older, you may choose anyone you like to be your agent. Often a family member or close friend is chosen. The advantage of having an agent is that the agent can make health care decisions for you in light of your particular current health circumstances or conditions should you be incapable of making your own choices. Be sure that the person you choose is willing to accept the responsibility and is capable of making health care decisions for you, often under stressful circumstances.

The most important consideration is that the person you choose to appoint as your agent is someone you trust and with whom you have discussed your desires, values, and religious beliefs. The person should have a knowledge of your Catholic faith and Church teaching on end of life. Your agent must understand how you would proceed if you were directing your own care.

Using your known wishes as a guide, your agent, in consultation with your health care providers, makes a decision in your best interest considering the circumstances of your health condition at the time of your illness.

You may revoke your Durable Power of Attorney for Health Care at any time.

It is very advisable to communicate your wishes verbally and in writing not only to your agent, but also to your family and friends. The time of serious illness is stressful for all those who love you. The more you have expressed your wishes, the easier it will be for them and for those entrusted with making your health care decisions.



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, _____ 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 _____

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 _____

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 does not require 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. You may also want to have the Durable Power of Attorney for Health Care notarized as some health care providers require notarization.)

_____	_____
(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 (LIVING WILL)

OUR CATHOLIC FAITH teaches that each person is made in the image and likeness of God, and that life is a precious gift from God. Our lives are given to us as a sacred trust over which we have stewardship. We have an obligation to care for and preserve our lives, but we also believe that we are destined for eternal life.

Modern medicine has made great advances to help us live long lives. But there comes a time when medical interventions no longer benefit a person, or they become excessively burdensome.

To plan ahead for a time when serious illness or injury may prevent you from making decisions about the use of life-sustaining treatments, it is appropriate to prepare what is commonly called a living will.

The living will is not the same as your last will and testament, commonly called a will. This legal document expresses the manner in which you would have your property and assets disposed of after your death. You may also wish to compose a last will and testament

The living will, on the other hand, is a statement of your intention that when the end stages of your life are reached due to illness or accident, you want to be allowed to die naturally rather than have your life sustained and dying prolonged by means of life support measures.

Living wills provide a basic direction for decision-making. They cannot be definitive as they are drawn up without reference to a specific disease, condition, or circumstance.

The standard operating procedure of many health care facilities assumes that you would want life sustaining procedures provided unless you indicate otherwise.

In the State of Washington, under the Natural Death Act (RCW 70.122), a written directive (living will) instructing a person's physician to withhold or withdraw life-sustaining procedures in the event of a terminal condition is called a *Health Care Directive*.

Prior to effectuating a directive, the diagnosis of a terminal condition by the attending physician or a permanent unconscious condition by two physicians shall be verified in writing, attached to the directive, and made a permanent part of the medical record.

In the law a terminal condition is defined as an incurable and irreversible condition caused by injury, disease, or illness, that would within reasonable medical judgment cause death within a reasonable period of time.

A permanent unconscious condition is defined as an incurable and irreversible condition in which a person is medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma.



Any adult person may execute a directive (living will) instructing the withholding or withdrawing of life-sustaining procedures in a terminal condition. You sign a directive in the presence of two witnesses not related to you by blood or marriage, and who are not entitled to any portion of your estate.

In addition, a witness to the directive may not be your doctor, or an employee of the doctor. If you reside in a health care facility a witness cannot be an employee of that facility. Neither can anyone who has a claim against your estate act as a witness.

At any time you may revoke a directive by destroying the document, or by expressing in writing your intent to revoke the directive, or by verbally expressing your intent to revoke the directive. Your revocation must be communicated to your doctor.

If you should become comatose or incapable of communicating with your doctor, the directive shall remain in effect for the duration of the condition or until you are able to communicate with your doctor.

This *Health Care Directive* (living will) does not allow any affirmative or deliberate act or omission to end life. It permits only the natural process of dying.



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 artificially prolonged 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 only serve to artificially prolong the process of my dying, I direct that such treatment be withheld or withdrawn, and that I be permitted to die naturally. 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 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.

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 stewardship 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.

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 persons to participate in the service:

A. Pall bearers: _____

B. Other participants: _____

III. My favorite readings and 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 asks that they be treated in the same way as an uncremated body. This includes burial of cremated remains in a cemetery.

I would like:

A. _____ Traditional burial of my body

B. _____ Cremation



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). 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 pre-planning, you may contact:

Associated Catholic Cemeteries
Archdiocese of Seattle
888-784-8683 (toll free)
www.acc-seattle.org

Catholic Funeral and Cemetery Services
Diocese of Spokane
509-467-5496
www.cfcsspokane.org

Calvary Cemetery
Diocese of Yakima
509-457-8462
www.yakimadiocese.org

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.

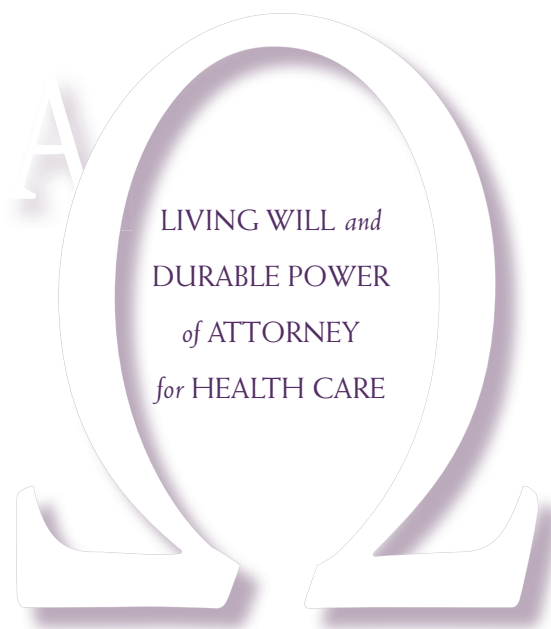


*When Christ your life appears, then you too
will appear with him in glory.*

(Col. 3:4)

This booklet was made possible in part by a contribution from
Associated Catholic Cemeteries of the Archdiocese of Seattle.

A GUIDE *to* MAKING GOOD DECISIONS
for the END of LIFE



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