

# HEALTH CARE PROXY

I, \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, hereby appoint my \_\_\_\_\_:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

as my health care agent to make any and all health care decisions for me, except to the extent I state otherwise. This health care proxy shall take effect only in the event I become unable to make my own health care decisions. If the person I have appointed above is unable, unwilling or unavailable to act as my health care agent, I hereby appoint my \_\_\_\_\_:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Those making decisions for me should be guided by the moral teachings of the Catholic Church on medical issues, and avoid doing anything that is contrary to those teachings. My agent shall direct:

1. That the assisted provision of food and hydration should be provided to me, as long as they are of benefit to me;
2. That antibiotics for any treatable infection should be used as long as there is sufficient benefit without serious danger of death, excessive pain, hardship, burden or expense;
3. That I do not intend any direct taking of my life, but when death is imminent, my life should not be unreasonable prolonged. In the case where I am terminally ill, I wish not to be resuscitated if CPR is invasive or painful.

This proxy shall remain in effect indefinitely, unless I revoke it in writing or I execute a new Health Care Proxy.

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Signature	Address	City/State/Zip
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*Witness (18 years or older): I declare that the person who signed or asked another to sign this document is personally known to me and appears to be of sound mind and acting willingly and free from duress. He or she signed (or asked another to sign for him or her and that person signed) this document in my presence. I am not the person appointed as agent by this document.*

Witness Signature \_\_\_\_\_

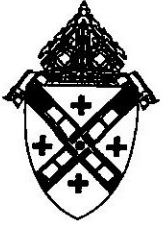
Witness Signature \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_



VICAR FOR CLERGY  
ARCHDIOCESE OF NEW YORK

**INFORMATION FOR FUNERAL ARRANGEMENTS  
FOR A PRIEST OF THE ARCHDIOCESE OF NEW YORK**

Your Name \_\_\_\_\_

Date of Ordination \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Assignment or Residence \_\_\_\_\_

Address \_\_\_\_\_

Assignment Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**At the time of your death, who should be contacted?**

A) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

B) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Who should be our liaison for your funeral arrangements?** \_\_\_\_\_

*Please provide contact information here if this person is not listed above.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

## FUNERAL ARRANGEMENTS FOR A PRIEST OF NEW YORK

At which church do you want your Funeral Mass to be offered? \_\_\_\_\_

Who should be asked to preach? 1) \_\_\_\_\_ 2) \_\_\_\_\_

Do you have any liturgical directions or requests? \_\_\_\_\_

Have you chosen or made arrangements with a funeral home? If so, please give name and address:

\_\_\_\_\_

Where is the place of burial? \_\_\_\_\_

Who has or where is that Deed? \_\_\_\_\_

Where is the original of your Will? \_\_\_\_\_

Is a copy on file in the Chancery? \_\_\_\_\_

- This information can be updated by you at any time. We plan to invite you to revise it periodically.
- It would be prudent to keep a copy of this form, and give copies to one or more of your relatives.
- Your relatives might want to know that you are insured by the Archdiocese so that your funeral expenses can be covered. Our insurance policy pays the Archdiocese and the Archdiocese pays the funeral director up to \$15,000 for costs related to casket, viewing, and burial. Costs above that amount are paid by your estate.
- For many years already, pastors have been required to have a copy of their will on file at the Chancery.
- Those responsible for helping your relatives and coordinating your funeral do their best to please the family. You can help your relatives by explaining that the details of a priest's funeral are very important to the Archbishop, and he must approve the arrangements before they are finalized.
- Thank you for filling out this form and returning it. Those who have to arrange your funeral will appreciate your foresight if you leave instructions for the inevitable day.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*You are welcome to add other information for the file if you wish.  
Please reply as soon as possible so that our records can be updated.  
Forms should be mailed to: Vicar for Clergy, 1011 First Ave, NY, NY 10022.*