Office of Priest Personnel
Archdiocese of New York
1011 First Avenue, New York, NY 10022
***Tel:* (212) 371-1000 x 2930 Fax: (212) 826-8173**
E-Mail: *priestpersonnel@archny.org*

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 _____

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 during January 2010 so that our records can be updated.
Forms should be mailed to: Priest Personnel 1011 First Ave, NY 10022.

Contacts in time of serious illness or death

Priest's Name:

Health Care Proxy:

Name:
Address:
Telephone:
Email:
Relationship:

Power of Attorney:

Name:
Address:
Telephone:
Email:
Relationship:

Funeral Arrangements Contact:

Name:
Address:
Telephone:
Email:
Relationship:

Others to be contacted:

Illness/End of Life Checklist

- Contact person in case of emergency – Is this contact information known to someone in the rectory and in the Office of Priest Personnel and do you carry this information in your wallet?

- Have you chosen a health care proxy and completed the necessary documentation? Is the location of the document known in the rectory?

- Do you carry a list of your medications and does your health care proxy have this list and know the location of your medications?

- Do your health care proxy and emergency contact person know who else to contact in case of emergency?

- Have you spoken with your attorney about someone to be your power of attorney and completed the necessary legal documents?

- Did you file your funeral plans, including the information concerning the location of your will, with the Office of Priest Personnel?

- Does your executor know the location of your will?

MAKING END-OF-LIFE DECISIONS AS AN INFORMED CATHOLIC

#1 Life is always inherently good. It is a sacred gift from God. We have to cherish and preserve every human life, regardless of age or condition. We need to address all the suffering that comes with sickness – physical, emotional, psychological, familial, and spiritual. Those who are sick should always be given basic care – food, water, pain control, and physical comfort, as well as emotional and spiritual assistance. They should feel our compassion and unconditional love.

#2 Out of deep respect for life, a person has a moral duty to use **ordinary and proportionate treatments** to deal with suffering. Ordinary treatments offer a reasonable hope of benefit and do not impose an excessive burden on the patient, their family, or the community. In principle, providing a patient with food and water (including medically-assisted nutrition and hydration) is ordinary care and is morally required. However, we are not morally required to use **extraordinary and disproportionate treatments**. These do not offer a reasonable hope of benefit, are excessively burdensome, or impose excessive expense on the family or the community. Declining disproportionate treatment is not the same as killing a person – it is accepting the inevitability of death by natural causes.

#3 Failing to give ordinary care with the intention of causing death is **euthanasia. Physician-assisted suicide** (PAS) is to deliberately take your own life by using drugs prescribed by a doctor. It is always wrong to deliberately cause the death of an innocent person in these ways, or to assist anyone to do so – it violates the Fifth Commandment ("thou shall not kill") and our duty to "love one another."

#4 Making medical decisions at the end-of-life can be complex and very sensitive. We have to form our consciences according to the teachings of our faith, and use the virtue of prudence to weigh burdens and benefits. In difficult situations, we should seek guidance from someone who knows Church teaching and has experience in applying it to specific cases, such as a priest, deacon, hospital chaplain, or an expert in medical ethics. Likewise, caring for a sick person can be very challenging and difficult. Care-givers should pay attention to their own physical, emotional, and spiritual health. We should not hesitate to seek help from health care professionals and spiritual advisors.

#5 Death can be the gateway into eternal life. It can be a time of great hope and consolation, as well as sadness and loss. Our Church community is there to help us, and we can always draw on the graces God bestows through the Sacraments (especially the Eucharist and the Anointing of the Sick), and in answer to our prayers and the prayers of those who love us.

"In many places, quality of life is primarily related to economic means, to 'well-being,' to the beauty and enjoyment of physical life, forgetting the other, more profound, interpersonal, spiritual and religious dimensions of existence. In fact, in the light of faith and right reason, human life is always sacred and always has 'quality.' As there is no human life that is more sacred than another: every human life is sacred!"

(Pope Francis, speech to the Italian Physicians Association, Nov. 15, 2014)

"What a sick person needs, besides medical care, is love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and children, doctors and nurses."

(Congregation for the Doctrine of the Faith, Declaration on Euthanasia)

LEARN MORE AT:

https://lifeofficenyc.org/care-and-prepare

http://www.CatholicEndofLife.org

ARCHDIOCESE OF NEW YORK
PUBLIC POLICY

CHOOSING THE RIGHT LEGAL DOCUMENT FOR HEALTH CARE DECISIONS

When talking about planning for medical decisions near the end-of-life, we usually hear about two kinds of legal documents: a "health care proxy" and a "living will." Both of these documents allow a person to give "advance directives" about what kind of medical care and treatment they want as death approaches, if they can't make decisions for themselves. ***For a number of reasons, we strongly recommend that people avoid "living wills" and instead execute a "health care proxy".***

THE HEALTH CARE PROXY

Under New York State law you can appoint a particular individual as your health care "agent" or "proxy". This person will have the authority to make all medical decisions that are in your best interests, but only if you are no longer able to do so yourself. You can give the agent/proxy specific instructions about the kinds of care and treatment you want, and you can also limit their authority.

Choose your agent/proxy carefully. Pick someone who has good moral character who knows you well and knows your religious beliefs. Look for someone who understands medical information, and can handle stress. **It is especially vital to choose someone who will make decisions according to Catholic moral teachings**. Here is some language that you may wish to include in your health care proxy, to give clear instructions that you want to be treated according to Catholic principles.

"I desire to receive all care that is morally required by the teachings of the Church, and that nothing be done that is contrary to the teachings of the Church. I do not desire anything that will directly take my life, and that that no "extraordinary measures" be taken to unreasonably prolong my life. The term "extraordinary measures" should be understood according to the teaching of the Church. I desire that all ordinary care, including painkillers and assisted food and hydration, should be provided to me as required by the teachings of the Church."

WHY YOU SHOULD AVOID A "LIVING WILL"

A "living will" is a written legal document that specifies what kinds of care and treatment you want or don't want. **We strongly urge you to avoid the living will.**

If you become incapacitated, the doctors and your family are legally required to obey the living will. There is no flexibility and the living will may not reflect your desires or best interests in unforeseen circumstances. Nobody can foresee all possible situations and make sound moral decisions in advance.

The living will also prevents your agent from evaluating your specific condition and deciding whether a treatment is ordinary (more benefit than burden) or extraordinary (more burden than benefit). This may result in denying care or treatment that is morally required under Catholic teaching.

Unless you are very careful about the terms of a living will, **it can easily lead to euthanasia**. For example, some living will forms suggest that people decline ordinary care and treatment such as assisted food and hydration, the insertion of a feeding tube, assisted respiration, and even feeding by hand. As a result, you may die from starvation or dehydration rather than from your underlying condition. **That's euthanasia, not a normal natural death – and it is always morally wrong.**

The MOLST (Medical Orders for Life Sustaining Treatment) is very commonly encouraged by medical staff at nursing homes and hospitals. These share the same problems as living wills – they're inflexible, can't foresee all circumstances, and are likely to result in the denial of morally required care. **We urge you to exercise extreme caution about the MOLST – you are never required to consent to one.**

DON'T LET THE LAW CHOOSE AN AGENT FOR YOU

If you become incapacitated and you have not appointed a health care agent, **the law will appoint one (called a "surrogate") for you.** The choice will be made from a prioritized list of persons who are related to you –your spouse, adult children, siblings, etc. You have no control over who is chosen. You cannot guarantee that this person will make medical decisions for you in keeping with your preferences, moral values and religious beliefs. If your wishes are not known, the surrogate can use his own judgment about your treatment and best interests – which may not be the same as yours. To avoid this, we urge you to execute a health care proxy.

WHERE CAN I GET A CATHOLIC HEALTH CARE PROXY?

1) You can download a Catholic health care proxy form at: **https://lifeofficenyc.org/care-and-prepare**

2) You can also access one in the booklet "Now and at the Hour of our Death," which you can find at: **http://www.CatholicEndofLife.org**

ARCHDIOCESE OF NEW YORK
PUBLIC POLICY

How to Execute a Valid Health Care Proxy

Here are instructions on how to use this form to execute a valid health care proxy under the laws of the State of New York:

1. Print your name, address, and telephone number, and print clearly the name, address and telephone number of the person you want to appoint as your health care agent (also known as the "proxy") and your alternate proxy. Your alternate proxy will only have authority to act if your first choice is not available or cannot serve.

2. Your proxy cannot be an operator, administrator or employee of a hospital in which you are admitted, unless they are related to you. The doctor who is treating you cannot also serve as your proxy.

3. You must sign the proxy form in the presence of two witnesses. The document does not have to be notarized, and you do not need a lawyer.

4. The witnesses must be adults, and cannot be the same people whom you are appointing as your proxy – you need to pick two separate people to be your witnesses.

5. You can give your proxy instructions about the kinds of health care treatments you want, and those you do not want. You do not have to state these instructions in the health care proxy; you can inform your proxy about them orally, but it's a better idea to do so in writing. This form contains written instructions that reflect the teachings of the Church regarding extraordinary treatments and assisted food and hydration.

6. Your proxy will not have authority to make decisions about nutrition and hydration unless you tell them your wishes about these measures. You do not have to state your wishes in the health care proxy; you can inform your proxy about them orally, but it's a better idea to do so in writing. This form contains written instructions that reflect the teachings of the Church.

7. You can revoke your appointment of a proxy by notifying the proxy or your health care provider (orally or in writing), or by executing a new proxy form. Executing this form revokes your previous health care proxies.

8. It is advisable to execute two original health care proxies – one should be kept with your important documents, and the other should be given to your proxy.

Health Care Proxy

(1) I, _____

hereby appoint _____
(name, home address and telephone number)

_____

_____

*as my health care agent to make any and all health care de*cisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent
If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby

appoint _____
(name, home address and telephone number)

_____

_____

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. *(Optional: If you want this proxy to expire, state the date or conditions here.)* This proxy shall expire *(specify date or conditions)*: _____

_____

_____

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *(If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.)* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions *(attach additional pages as necessary)*: _____

_____

_____

In order for your agent to make health care decisions for you about artificial nutrition and hydration *(nourishment and water provided by feeding tube and intravenous line)*, your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

(5) **Your Identification** *(please print)*

Your Name _____

Your Signature _____ Date _____

Your Address _____

(6) Optional: Organ and/or Tissue D o n a t i o n

I hereby make an anatomical gift, to be effective upon my death, of:
(check any that apply)

☐ Any needed organs and/or tissues

☐ The following organs and/or tissues _____

_____

☐ Limitations _____

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature _____ Date _____

(7) **Statement by Witnesses** *(Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)*

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

Date _____ Date _____

Name of Witness 1
(print) _____

Name of Witness 2
(print) _____

Signature _____ Signature _____

Address _____ Address _____

NEW YORK STATE