

## **Third Haven Friends Meeting Memorial Intentions**

Full name:

Address:

Date and place of birth:

### **Instructions**

Friends are reminded to “make provisions for the settlement of all outward affairs, while in health so that others may not be burdened and so that one may be freed to live more fully in the Truth.” See *Faith and Practice*, 2018, pp 219-222. Each Friend has the responsibility to settle outward affairs, in good order, and make clear his or her memorial intentions and directions, so as to lighten the burden on family and Friends, at the time of her or his death.

This Memorial Intentions form is intended to help Third Haven Friends Meeting and your designated Personal Representative carry out your intentions and directions at the time of your death, with regard to a memorial service, under the care of the Meeting, burial, grave marker, plaque and any other of your intentions and directions. As of December 31, 2019, Third Haven Friends Meeting will no longer allow casket burials in the Meeting Burial Grounds.

This form can be a great help to those who will miss us when we are gone. A member of the Pastoral Care Committee can help you through the process of completing this form, as well as identifying sites for burial site, grave marker and/or plaque in the Meeting burial grounds.

This form is available on the Meeting website in the Pastoral Care/ Declaration of Intentions section – as a Microsoft Word file, which can be drafted, revised and edited on a personal computer. If you are computer-free, a member of your family or a friend may be able to assist you.

In addition to completing your Memorial Intentions, the Meeting recommends that Friends complete a will, Advance Medical Directives or 5 Wishes, Financial and Medical Power of Attorney. You can consult with a lawyer, Talbot Hospice, Brookletts Place (The Talbot County Senior Center), or other agencies or resources about your estate planning.

When you have completed your Memorial Intentions, retain paper and electronic copies for yourself and your designated Personal Representative, and return a paper copy to the Pastoral Care Committee, to be retained in the Memorial Intentions records for members and attenders of the Meeting.

**Personal Representative** directed to carry out your wishes at the time of your death.:

Full name:

Address:

Telephone:

E-mail:

## **Burial**

Do you wish your cremated remains to be buried in Third Haven Friends Meeting burial grounds (yes or no)?

Please provide the name, address and phone number of the funeral home or cremation service that will cremate your remains.

Name:

Address:

Telephone #:

Have you selected a specific grave site, in consultation with the clerk or another member of the Pastoral Care Committee (yes or no)?

Have you recorded your grave site selection with the Pastoral Care Committee and the Burial Ground Archivist (yes or no)? If yes, what is the grave site designation?

## **Grave Marker**

If you intend to be buried (only ashes will be interred) in the Third Haven burial grounds, it is customary to have a grave marker installed at your burial site. Grave markers must be keeping with the Quaker testimony on Simplicity – of a size, scale, form and composition that is consistent with the existing historic grave markers present in the burial grounds. Your Personal Representative needs to secure the approval of the Burial Committee for the grave marker prior to its being installed.

## **Memorial Plaque**

Do you intend to have a memorial plaque installed on the brick wall adjacent to the Third Haven burial grounds (yes or no)?

Have you selected a specific plaque site, in consultation with the clerk or another member of the Pastoral Care Committee (yes or no)?

Have you recorded your selected plaque site with the Pastoral care Committee and the Burial Ground Archivist (yes or no)?

Your Personal Representative needs to secure the approval of the Burial Committee for your plaque prior to its being installed.

## **Memorial Service at Third Haven Friends Meeting**

If you want to have a memorial meeting for worship, at Third Haven Friends Meeting, under the care of the Meeting, describe your memorial service intentions and directions. Describe all specific requests for your memorial service, such as readings, speakers, flowers, financial donations, and other such requests. Provide as much detail as you want.

### **Conclusion**

Whether or not these Memorial Intentions statements are legally binding on Third Haven Friends Meeting, I expect that Pastoral Care Committee and Third Haven Friends will try to help fulfill these Memorial Intentions and directions. Third Haven shall act as a depository and advisor for the fulfillment of my Memorial Intentions at the time of my death. I execute this document for the purpose of guiding my Personal Representative(s), family, the Meeting, Friends and friends at the time of my death.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name

\_\_\_\_\_

Print name here

*(Witnesses are Optional)*

Witnessed \_\_\_\_\_ Date \_\_\_\_\_

Sign name

\_\_\_\_\_

Print name here

Witnessed \_\_\_\_\_ Date \_\_\_\_\_

Sign name

\_\_\_\_\_

Print name here

For Third Haven Friends Meeting, Clerk of Pastoral Care – Acknowledgement of Receipt

\_\_\_\_\_ Date \_\_\_\_\_

Sign name

\_\_\_\_\_

Print name here

\_\_\_\_\_

3HFM memorial intentions form 21924.docx

2.19.24 – 11:00 am

Bill Schauer, et al