



## Strength for the Journey

Strength for the Journey is a tool to help families prepare for the end-of-life and death. Once completed, please bring it to the church where we will make a copy to keep in a confidential file. It is recommended that this file be shared with loved ones too. For more information, please see your class leader.

Name:

---

Date:

---

# Strength for the Journey

## STRENGTH FOR THE JOURNEY

Dear Family:

*"I said to the man at the gate of the year, 'give me a light that I may walk safely into the unknown.' He replied to me 'Go into the darkness and put your hands into the Hands of God. God's hands are better than light and safer than the known."*

*Minnie Louise Haskins*

How does one prepare for death? Because the unknown often scares people, most people do not prepare for death and relegate funeral preparation and other serious decisions to grief-stricken family members.

This guide, **Strength for the Journey**; therefore, is provided to help each Baberite prepare for death. It's to help relieve grief-stricken family members from some burdens of funeral preparation. It's to help you and me have peace and freedom at the end of our lives. Of course, **Strength for the Journey**, does not replace one's will or other legal documents. However, it is a much needed tool to help us and those we leave behind for our death.

I thank God for the Reverend Delores V. Wynn who first pushed and prodded to make this project happen. I pray God's peace and grace upon each person that wrestles with these decisions and with the unknown. If you have questions, please contact your class leader. May God continue to richly bless you and Heaven smile upon you!

Sincerely, I am



Reverend James C. Simmons  
Your Pastor

**My personal wishes are expressed below:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please List the names, address, phone and email of immediate family who should be contacted in case of an emergency:

Name	Relationship	Address	Phone/Email

Please list the names, address, phone and email of close friends whom you would like informed of an emergency, change in situation, etc.

Name	Relationship	Address	Phone/Email

Please attach another sheet if necessary

### Living Arrangements

In case of the need for a change in my living situation, I have  
(Please complete all that is applicable):

**My name is on the waiting list at the following facilities:**

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Other arrangements with the following facility:**

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Comments: \_\_\_\_\_

**A preference for:**

**Assisted Living** – residential long-term facility that provides personalized supportive services like housekeeping and meals.

**Skilled Nursing** – Care is supervised by a registered nurse that provides direct care.

**At home with Assistance**

**I would like the following items around me if there is a change in my situation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Final Preparations

**My Living Will\* is filed with each of my doctors:**

Medical Office	Address	Date Filed

**My Living Will\* is kept at home in the following locations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My funeral home preference is:**

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Have prearrangements been made?       Yes       No

**I have a burial plot at the following location:**

Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**If there is not a prearranged plot, I prefer:**

Cremation                       Burial                       Columbarium

**I would like to be buried in the following attire (Include outfit, hats, shoes, socks, etc):**

\_\_\_\_\_

\_\_\_\_\_

**\*Living Will** – a legal document that outlines specific medical instructions in the event you become unable to communicate your wishes.

## Final Preparations

Grief is a powerful emotion that can overwhelm people if not managed in constructive and healthy ways. In the event of death, please notify the Pastor, church office, or the deceased's class leader as soon as possible. Please find this information to help in funeral planning:

1. **Final Viewing:** In funeral services at Baber, the final viewing precedes the funeral service (immediately before the processional). Since the purpose of a funeral service is to bring closure Baber does not open the casket at the end of the service.
2. **Speakers:** Please identify no more than four speakers to offer reflections during the funeral service. Other persons will be able to offer reflections during the wake if held the night before the funeral service.

**I would like the following hymn sung:**

1. Choice 1: \_\_\_\_\_

2. Choice 2: \_\_\_\_\_

**I would like the following Scriptures read:**

1. Old Testament: \_\_\_\_\_

2. New Testament: \_\_\_\_\_

**I would like the following persons to offer reflections:**

Name	Contact Information

**If possible, I would like the following soloist** (If soloist not available or identified, Baber's minister of music will coordinate music):

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

**If possible, I would like the following ministers included in the service:**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

## Obituary

If you have created your obituary, please attach. If not, please provide the following information to help the church craft an appropriate obituary.

**Birthplace:** \_\_\_\_\_

**Birthdate (M/D/Y)** \_\_\_\_\_

**Parents:** \_\_\_\_\_

**Education:** \_\_\_\_\_

(Include dates) \_\_\_\_\_

\_\_\_\_\_

**Employment History:**

Job Title	Place of Employment	Dates of Employment

**Hobbies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family:**

Spouse Name	Date Married	Location Married & Officiant	If deceased, date spouse deceased

**Children & Spouses** \_\_\_\_\_

(Note if a loved one is deceased) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Grandchildren:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Siblings:

---

---

---

---

Other:

---

---

---

---

If family members are deceased, please note that on this sheet. If there are additional family members, please attach on a separate sheet of paper.

**Cities Lived In:**

(Reasons Moved)

---

---

---

---

**Please attach copies of pictures you would like included in your program or on a collage.** We will scan pictures and return the originals.



## Christian Stewardship – Estate Planning

*“Good stewardship requires us to think of the future. Later can be too late.”*

Did you know that over 50% of all people at the time of their death do not have a will or living trust?

When one dies without a will or trust, the State of New York will determine who inherits our estate (An estate is all we own at the time of our death). Probate Court can be an arduous process that will perhaps not leave your estate to the people you want to receive it and definitely will not remember the church or any charity.

**First, we plead with each member to create a will.** This will allow you to decide:

1. Who or what will receive your assets,
2. Who will be your executor or the one who administers your will upon death,
3. Who will be guardian of your children should both parents die while the children are still minors,
4. And other wishes.

**Second, we ask each member to remember their church in their will.** Naming the church as a beneficiary in your will or life insurance policy will assure your memory will be part of the life and mission of Baber far into the future. The gift can be a set dollar amount, a percentage of your estate, the remainder after other gifts are made, or a gift of that part of the estate left if designated heirs are deceased. Please remember the church in your will and consider naming us as a beneficiary of a life insurance policy.

Later can be too late. Please do not put this off. The church office can provide recommendations of legal professionals to draft this document. If your will is out of date, please update it today.

