DEATH AND DYING

Preparing For Our Own Death

This workbook is designed to be a simple tool for organizing our personal data and personal wishes regarding end of life decisions and disposal of our remains. The purpose is to ease the difficulty for our loved ones by having all pertinent information and our last wishes in one easy to find location. It is free to use, copy, distribute, and edit as needed.

Working with this notebook on a continuing basis can be a profound and enriching experience. Embracing and accepting that the life we know is temporary is a powerful statement about how we choose to live. Actively working on how we face its end helps to ease the burden on those we leave behind. Knowing that we have our affairs in order and have left behind our goodbyes frees us to live each day more fully and without worry.

This notebook was created and compiled by Kat A. Schorr, Shannon R. Rooney and Kevin E. Emmons. We sincerely hope you find it of value.

**Personal Data**

Full name: __________________________________________

First        Middle        Last

Birth date: _____________________________________________________________________

Month     Day     Year

City and State/Province of Birth:___________________________________________________

Father’s legal name: _____________________________________________________________

Mother’s maiden name: __________________________________________________________

Citizenship: ___________________________________________________________________

Name of spouse or partner: _______________________________________________________

**Children**

Name 1: _____________________________ Name 5: _________________________________

Name 2: _____________________________ Name 6: _________________________________

Name 3: _____________________________ Name 7: _________________________________

Name 4: _____________________________ Name 8: _________________________________
**Current Residence**

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt. #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Mailing address** (if different from previous):

<table>
<thead>
<tr>
<th>Street or PO Box</th>
<th>Apt. #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Name and Address of "ex": ________________________________

**Pets**

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Animal</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Animal</th>
</tr>
</thead>
</table>

Place of Employment: ___________________________ Phone: __________________________

Social Security Number: ___________________________

**Military Service**

Position: ___________________________

Dates: _________/_______/_________ to  _________/_______/______________________

Military Serial Number: ___________________________

Military Discharge Papers: ___________________________

National Guard/Reserves Contact: ___________________________

Religious Affiliation: ___________________________
**Education**

High school: _____________________________ Graduated: ________________

College: _______________________________ Graduated: ________________

College: _______________________________ Graduated: ________________

Degree(s): _____________________________________________________________________

Organization Memberships: _______________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Hobbies and Interests: _____________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Some of my favorite things in life are: _____________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
FINANCIAL DATA

I. **Bank Accounts**

Checking Account: ____________________________________________________________
Account Number Institution

Savings Account: ______________________________________________________________
Account Number Institution

Retirement Account (401K): _____________________________________________________
Account Number Institution

Other Accounts: ______________________________________________________________
Account Number Institution

Safety Deposit Box: ___________________________________________________________

II. **Stocks and Bonds**

Contact information for Stock Broker or Investment Firm: __________________________


III. **Loans**

Home Mortgage: ______________________________________________________________
Account Number Institution

Second Mortgage: ______________________________________________________________
Account Number Institution

Automobile Loan: ______________________________________________________________
Account Number Institution

Second Auto: ________________________________________________________________
Account Number Institution

Recreational Vehicle: __________________________________________________________
Account Number Institution

Student Loan: _______________________________________________________________
Account Number Institution
IV. **Titles and Deeds**

Titles (List all vehicles for which you possess the title):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Deeds (List all property for which you possess the deed):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

V. **Insurance Policies**

Insurance Companies (List each company and policy number and the corresponding home, automobile, or other property):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

VI. **Burial Plot**

Cemetery (list address):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Plot Number: __________________________
YOUR PERSONAL PROPERTY

I. General Information About Wills

Before writing a will, there are seven elements that must be present:

• You must be of legal age to make a will, which in Maine is 18.
• You must be “of sound mind.”
• You must state your intent that this will is your final word regarding your property.
• You must be able to sign the will voluntarily and in a valid way.
• You should have the will written and witnessed.
• Your will should follow state standards for formal wills.
• Your will should have a statement at the end that says that this is your will, with your signature, the date, and the witness’ signature.

II. Types of Wills

There are several types of wills. You need to identify which will best suits your situation:

• Typed, witnessed wills (highly suggested, discussed further in this Guide);
• Holographic (oral) wills: not recognized in all states;
• Handwritten, non-witnessed wills: not recognized in Maine;
• Soldier’s and seamen’s wills: available in Maine;
• Statutory wills: available in Maine.

III. Types of Legal Services

There are several types of legal services to help you prepare your will. You need to identify which best suits you:

• Group legal service: plans available to members of certain organizations (like AARP, the military, or a union);
• Legal clinics: a low-cost alternative that is primarily done through legal assistants under a lawyer’s guidance;
• Private lawyer: suggested if you own your own business, your estate exceeds $1 million, or if you anticipate any problems.

IV. The Makeup of a Will

A will is made up of several clauses. These clauses are described below:

• Funeral expenses and payments of debts: Remember, your debts don’t die with you! This is where you place pertinent information regarding how your funeral expenses and other debts will be paid through your estate. This is also where you can forgive any debts someone owes you.
• Gifts of personal property: This is where you state how you would like your material possessions divided. It is easiest to leave your property to people in
broad but specific categories like “furniture.” However, if you want to leave specific items such a Persian rug or an antique diamond ring, then this is where you would clearly state who should receive it.

- **Gifts of real estate**: This is where you state your division of real estate.
- **Residuary clause**: This is a crucial part of your will, which will cover all assets not specifically disposed of by the will. This clause distributes assets that you might not have anticipated owning.
- **Testamentary trusts**: This clause directs funds from your estate into a trust you had previously established. *(See Section V for more information on trusts)*
- **Naming a Guardian** (or Conservator): If a guardian is needed for any child of mine (under 18 years of age), then this is where you would nominate the person to serve as Guardian of that child.
- **Naming an Executor** (or Personal Representative): This is where you would name a person to be your Executor, who will take charge of my personal property after you die.

### V. Testamentary Trusts

A trust is for anyone who wants to make sure his or her assets are protected and managed according to his or her specific wishes.

A trust is basically a legal relationship in which one person (“trustee”) holds “property” for the benefit of another person (“beneficiary”). The “property” can be real estate, stocks, bonds, personal possessions, automobiles, etc.

A “testamentary trust” is a trust set up to take affect at your death. Now, the property doesn’t physically change hands, but legally, upon your death, the property becomes controlled by the trustee.

Trusts can be revocable or not, depending on how they are established. They can be simple or complex, depending on the wishes of the person who established the trust (“grantor”). There are different restrictions the grantor can place on the trust to ensure that the assets are spent according to the wishes of the grantor. There are many different avenues to set up trusts.

Trusts can be used for many different purposes, but the most common being trusts set-up for children of the deceased for educational purposes. There are many philosophies regarding the necessity of trusts, so this is something that you will have to decide on yourself.

**Reasons for establishing a trust:**

- Trusts are generally more difficult to contest than wills.
- Trust payments can be flexible, which is good in hard economic times.
- Trusts can be used to impose discipline on the beneficiary to ensure wise spending.
- Trusts can be very helpful in making major charitable gifts.
YOUR HEALTH

I. Primary Care Physician

I name the following physician or health care provider to provide my medical care, in consultation with my Agent (named in Part II).

Name of doctor or health care provider:______________________________________________

Address:______________________________________________________________________

Phone: ( )____________________________ Fax: ( )____________________________

II. Naming an Agent

I have assigned the following person as my agent to make health care decisions for me, in the event that I can no longer make decisions for myself.

Name:________________________________________________________________________

Title or Relationship:____________________________________________________________

Address:______________________________________________________________________

Home Phone: ( )__________________ Work Phone: ( )_______________________

If my first choice is not available, my second choice is listed below:

Name:________________________________________________________________________

Title or Relationship:____________________________________________________________

Address:______________________________________________________________________

Home Phone: ( )___________________ Work Phone: ( )_____________________

My agent can begin making decisions for me: (Choose one)

☐ When my primary doctor or judge decides that I am not able to make my own health care decisions.

☐ Right away, but this does not mean I have given up my right to make up my own decisions if I am still aware.
III. **Decisions on Living or Dying**

I have made the following choices about my wishes regarding being kept alive: (Choose one)

- I choose **NOT** to be kept alive if my doctor decides any of the following:
  - I have an illness that will not get better, cannot be cured, and will result in my death quite soon; or
  - I am no longer aware (unconscious) and it is very likely that I will never be conscious again; or
  - My doctor, after talking with others involved in my healthcare, decides that the likely risks and burdens of treatment would be more than the expected benefits.

- I choose to be kept alive as long as possible within the limits of generally accepted health care standards.

Additional choices: (Choose one)

- I do **NOT** want treatment to keep me alive if my doctor decides that I can no longer recognize most people or communicate and understand due to serious disease or damage to my brain and treatment to keep me alive is not expected to cure or improve my mental condition.

- I want treatment to keep me alive that is generally given for my medical condition even if I no longer recognize most people or communicate and understand due to serious disease or damage to my brain, and the treatment will not cure or improve my mental condition.

I have checked below my choice about the tube feeding or having water and nutrition fed into my body through an IV or tube: (Choose one)

- Artificial nutrition and hydration must be given, not given, or stopped based on the choice I made about keeping me alive.

- Artificial nutrition and hydration must be given regardless of my condition and regardless of the choice I made above about keeping me alive.

I have made the following choices about pain relief: (Choose one)

- I want treatment for relief of pain or discomfort to be given at all times, even if it shortens the time until my death or makes me drowsy, unconscious, or unable to do other things.

- I do **NOT** want pain relief medications if it shortens the time until my death or makes me drowsy, unconscious, or unable to do other things.
IV. **After Death Options**

I have made the following decision regarding autopsy for diagnostic and research purposes:  
(Choose one)

- [ ] I do **NOT** agree to the performance of an autopsy.
- [ ] I agree to the performance of an autopsy.

I have made the following decision about organ donation:  (Choose one)

- [ ] I do **NOT** wish to donate my organs.

I have filled out an organ donor card and:

- [ ] I wish to donate my organs, tissues, or parts for *transplant or therapy* for another person, to be chosen based on generally accepted health care standards
  - [ ] I give any needed organs, tissues, or parts, OR
  - [ ] I give the following organs, tissues, or parts only:

- [ ] I wish to donate all my organs, tissues, or parts for *research and education*.
  - [ ] I give any needed organs, tissues, or parts, OR
  - [ ] I give the following organs, tissues, or parts only:

  My preference for organ donation is to give my organs to the following hospital, medical school, or doctor:

  Name_______________________________________________________

  Address_______________________________________________________
POSTMORTEM

I. People to Notify

Personal Physician:______________________________________________________________

Funeral Director:________________________________________________________________

Medical Examiner:______________________________________________________________

Family and Friends:_____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Address book is located:__________________________________________________________

Call 911 if death was expected:  ☐ Yes    ☐ No

Person(s) responsible for ensuring postmortem wishes are carried out:______________________
______________________________________________________________________________

Person or group to care for my body and its disposition:

☐ Funeral home_____________________________ Phone: (          )___________
☐ Family member___________________________ Phone: (          )___________
☐ Friend___________________________________ Phone: (          )___________
☐ Funeral Committee_______________________ Phone: (          )___________

II. Burial Options

I prefer:  

- [ ] Burial  
- [ ] Cremation  
- [ ] Burial at sea  

- Embalming:  
- Yes  
- No  

- Memorial service:  
- Yes  
- No  

- Viewing:  
- Yes  
- No  

- Graveside service:  
- Yes  
- No  

- Visitation:  
- Yes  
- No  

- Funeral service:  
- Yes  
- No  

Preferred body burial container:  

- [ ] Pine casket  
- [ ] Cardboard casket  
- [ ] Willow casket  
- [ ] Papier Mache casket  
- [ ] Metal casket  
- [ ] Fiberglass casket  
- [ ] Other casket  
- [ ] Shroud  

Burial location:  

Purchased plot:  

- Yes  
- No  

Prearrangements:  

- Yes  
- No  

Cremate body at:  

Advance cremation authorization:  

- Yes  
- No  

Disposition of cremains:  

- [ ] Scatter (where)  
- [ ] Burial (where)  

Urn preference:  

- [ ] I own one, located:  
- [ ] Buy one of:  
  - [ ] Wood  
  - [ ] Metal  
  - [ ] Glass  
  - [ ] Ceramic  
  - [ ] Fancy  
  - [ ] Simple  
- [ ] Make one of:  
  - [ ] Wood  
  - [ ] Metal  
  - [ ] Glass  
  - [ ] Ceramic  
  - [ ] Fancy  
  - [ ] Simple  

Eligible for veterans marker:  

- Yes  
- No  

I have a marker at:  

Inscription should read:  

Other marker preference:  

- Tree  
- Plant  
- Statue  
- Bench  
- Birdbath  
- Natural stone  
- Other  

My family knows and approves of these wishes:  

- Yes  
- No
MEMORIAL SERVICES

Here is some basic information about the most common types of memorial services.

• **Viewing** This is an opportunity for family and friends to view your body or to sit with you after you've died. A viewing is commonly held in a small room of a funeral home or mortuary, but you are free to choose another place -- for example, your home, a community hall, or a church.

• **Wake** Traditionally, a wake is a gathering to celebrate and remember the life of the person who has died. Often characterized by both sadness and gaiety, this gathering can be an important part of the grieving process, allowing family and friends the opportunity to come together and comfort each other. A wake is often held at a family home or a mortuary that offers wake services.

• **Funeral** A funeral is a traditional memorial ceremony, usually held in a funeral home or a church. The body is often present, in either an open or closed casket. Beyond that, there are no absolutes or requirements about what constitutes a funeral. If the deceased person was religious, the funeral often includes a brief mass, blessing, or prayer service. Veterans may choose a military funeral, and members of many organizations (such as fraternal or 12-step groups) can choose a service that reflects the values of the organization.

• **Memorial ceremony** A memorial ceremony is a less formal ceremony held to remember the life of someone who has died. It often takes place some time after the burial or cremation, so the body is not usually present. Memorial ceremonies may be held anywhere -- for example, a mortuary, religious building, home, outdoors, or even a favorite restaurant.

Memorial ceremonies are more often the choice of those who wish to have an economic, simple after-death commemoration. While funeral directors, grief counselors, or clergy members may be involved in memorial ceremonies, they are not necessarily the people to consult for objective advice. Many will advocate that traditional funerals -- often more costly and less-personalized -- are most effective in helping survivors through the mourning process. The truth is that most survivors take the greatest comfort from a ceremony that reflects the wishes and personality of the deceased person.
MEMORIAL SERVICES WORKSHEET

I want the following type(s) of memorial service(s): Circle one: Public Private
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

My preference for the location of the service is: _________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I would like the following people invited: ______________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
I would like this person(s) to facilitate the service: _______________________________
__________________________________________________________________________
__________________________________________________________________________

I would like this person(s) to speak at the service: _______________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I would like the following items to be read at the service: _________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I would like the following items to be available at the service (food/decorations/etc.):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I would like my body to be present at the service. ☐Yes ☐No
If YES, I would like it displayed in: __________________________________________
If NO, I would like this to be in its place: ________________________________
If my body is displayed in its original form, I would like to be wearing: ____________

________________________________________________________________________

________________________________________________________________________

Choose one:

☐ I would like gifts sent to my family in the form of:
  Choose one: Flowers Donations Other____________________________

I would like gifts sent to: _____________________________________________

________________________________________________________________________

I would like gifts sent to: _____________________________________________

________________________________________________________________________

☐ In lieu of gifts to my family, I would like donations sent to this organization:

________________________________________________________________________

________________________________________________________________________

☐ I would like NO gifts of any kind.
OBITUARY WORKSHEET

Full Name

Announcement

Biographical Information

Schedule Ceremonies and/or Gathering of Remembrance
Survivor Information

Listing of Newspapers for Placement
FINAL FAREWELL

When we experience loss we often regret not having expressed something to our loved ones. This concluding section is simply an encouragement for you to write letters to your loved ones that can be shared after you have passed on. This is our final gift to all those in our life that have made it what it is. We strongly encourage you to review this notebook each year, adding letters to it or replacing ones that no longer accurately express what you wish to say.

This section needn't be limited to just letter writing. Feel free to be creative, placing photos, newspaper clips, poems, cartoons; whatever you wish to share as a final statement and/or goodbye. This notebook can be a strong piece of history that is passed on for generations. Let it be infused with your personality, a statement of your life and all that you wish for people to remember. Let it be a gift to your progeny. Fill it with your memories.

This section is also an opportunity to express things other than gratitude. It may be a place where, for the first time in your life, you are able to say what you have always wanted to say without filters. You have done a lot of work in life and in preparation for your own passing. This is the place to complete that work with strength and conviction.
DEATH AND DYING GLOSSARY

**Advance Directive** (also known as *Living Will* or *Medical Directive*): Allows you to spell out the medical treatment you want under specific circumstances. This is the document allows you to formally appoint an agent

**Agent:** The person you have appointed, through an **advance directive**, to make all your health care decisions beginning either right away or when you have become too ill to decide

**Asset:** The property of a deceased person subject by law to the payment of his or her debts and legacies

**Autopsy:** An examination of a body after death to determine the cause of death or the character and extent of changes produced by disease

**Beneficiary:** The person designated to receive the income of a **trust** or **estate**

**Bioethics:** A discipline dealing with the ethical implications of biological research and applications especially in medicine

**Comfort Care** (see *Palliative Care*)

**Conservator** (see *Guardian*)

**CPR:** stands for “Cardiopulmonary Resuscitation”

**DNR Order:** stands for “Do Not Resuscitate”

**Durable Power of Attorney for Health Care** (see *Advance Directive*)

**Estate:** The total of any property and **assets** you own minus any liabilities, such as loans or debts, at the time of your death.

**Executor** (also known as **Personal Representative**): A person or an institution, such as a law firm, named in a **will** as being responsible for managing the deceased’s **estate**.

**Guardian** (also known as **Conservator**): A personal named in a **will** whose role is to protect the interests of the deceased’s minor children.

**Health Care Proxy:** Authorizes someone to make medical decisions for you if you are unable to do so.

**Heir:** One who inherits or is entitled to inherit property.
Hospice: A facility or program designed to provide a caring environment for supplying the physical and emotional needs of the terminally ill.

Irrevocable Trust: A trust that cannot be altered after it has been executed.

Living Trust: A trust established while you are still alive and can be dissolved or changed before you die.

Living Will (see Advance Directive)

Medical Directive (see Advance Directive)

Mental Health Directive: This document allows you to choose what treatment you want if you become very mentally ill and are unable to make health care decisions.

Notary Public: A public officer who attests or certifies writings to make them.

Organ Donation: The act of donating a deceased person’s organs to an institution for medical research or transplantation.

Palliative Care (also known as Comfort Care): A type of care program to moderate the intensity of pain and suffering of a terminally ill person.

Personal Representative (see Executor)

Power of Attorney: A document that lets an individual appoint another person to act on his or her behalf regarding the control of money and property.

Probate: The legal process of settling an estate, which includes verifying the authenticity of the will, creating an inventory of the deceased’s assets and liabilities, paying off debts and taxes, identifying heirs, and distributing property.

Trust: A legal arrangement that allows you to transfer property to a trustee for the benefit of your beneficiaries, without court involvement.

Testamentary Trust: Created by a will, this trust becomes effective only upon the death of the person named.

Trustee: The person, persons, or institution responsible for managing the assets placed into a trust and/or transferring property to beneficiaries or heirs.

Will: The cornerstone of any estate plan, a will specifies how you want your assets distributed when you die and names an executor for your estate as well as a guardian for your minor children.
DEATH AND DYING RESOURCES

ECO-FRIENDLY BURIAL CONTAINERS

Build Your Own Coffin Plans with Plans for Pet Coffins, too
http://www.rockler.com/

Burial Shrouds
http://kinkaraco.com/

Cardboard Coffins
http://www.cardboardcasket.com/

EcoPod Papier Mache caskets and Acorn urn
http://www.ecopod.co.uk/

Pine Caskets
http://www.eco-coffins.com/

Woven Caskets
http://naturalfunerals.com/

ETHICAL AND GREEN BURIAL

Organization furthering development of green burial grounds in U.S.A and Canada
http://www.forestofmemories.org/

Neo Pagan burial information
http://immarama.faithweb.com/

Ideas about ethical burials
http://www.ethicalburial.org/

North American Woodland Burial Society
http://woodlandburial.htmlplanet.com/

Natural Death Centre with links to U.S.A. and Canadian sites
http://www.naturaldeath.org.uk/

HEALTHCARE

Dunn, Hank. Hard Choices for Loving People: CPR, Artificial Feeding, Comfort Care and the Patient with a Life-Threatening Illness.


Taking Charge of Your Health Care
(link to ADF form)

Office of Elder Services

Aging: Taking Care of Business

Maine Hospice Council
Links
[http://www.mainehospicecouncil.org/links/links.htm](http://www.mainehospicecouncil.org/links/links.htm)

Americans for the Better Care of the Dying

**LEGAL ASPECTS**

Legal Services for the Elderly
Common Questions About Wills
[http://www.mainelse.org/kyr/wills.htm](http://www.mainelse.org/kyr/wills.htm)

**FUNERAL INFORMATION**

Carlson, Lisa. *Caring for the Dead: Your Final Act of Love*

Funeral Consumers Alliance
Legislative concerns, caring for your own dead, many useful links

Laws Regarding Funeral Directors and Embalmers
[http://janus.state.me.us/legis/statutes/32/title32ch21sec0.html](http://janus.state.me.us/legis/statutes/32/title32ch21sec0.html)

Maine State Board of Funeral Service
(scroll about half-way down the page)
[http://www.maine.gov/sos/cec/rules/02/chaps02.htm](http://www.maine.gov/sos/cec/rules/02/chaps02.htm)
GRIEF SUPPORT

The Growth House
http://www.growthhouse.org/

Griefnet.Org
http://www.griefnet.org/

Good Endings.Net
http://www.goodendings.net/

Dying Well
http://www.dyingwell.org/

Beyond Indigo
http://www.beyondindigo.com/

Compassionate Friends
http://www.compassionatefriends.org/

Becker, Marilyn R.  Last Touch: Preparing for a Parent’s Death

ORGAN DONATIONS

New England Organ Bank
http://www.neob.org/
Wednesday, September 7, 2005

American Bar Association’s Commission on Law and Aging
Consumer’s Tool Kit for Health Care Advance Planning
http://www.abanet.org/aging/toolkit/home.html

University of New England Body Donor Program
http://www.une.edu/com/bodydonor.asp

MEDIA PROGRAMS/SPECIALS

NPR Program
The End of Life
http://www.npr.org/programs/death/

PBS Series
End of Life Tools
http://www.thirteen.org/onourownterms/tools/
PBS
Before I Die
http://www.thirteen.org/bid/

JOURNALS/MAGAZINES

Bereavement Magazine
http://www.bereavementmag.com/

RITES OF PASSING

Fortune, Dion. *Book of the Dead.* (Formerly printed as: *Through the Gates of Death.)*

O’Gaea, Ashleen. *In The Service of Life: A Wiccan Perspective on Death.*


Druid rites of passing, issues surrounding death