

## INSTRUCTIONS FOR EXECUTING THE VCAD

1. Read the **Vermont Catholic Advance Directive (VCAD)**
2. Designate your agent and alternate agents
3. **If these persons have not already agreed to serve as your agent, STOP**, read the sections on “Choosing Your Agent” and “Things You Should Discuss With Your Agent.” Have a discussion with your prospective agents and get their consent before continuing.
4. Be sure you have at least four [*one for each of the individuals listed below*] original documents to fill out and then sign in the presence of witnesses.
5. **Do not sign the document** until you have two qualified witnesses present. Vermont law requires that two witnesses be at least 18 years of age, neither of whom is your agent, spouse, reciprocal beneficiary, parent, sibling, child or grandchild. Friends, neighbors, extended (non-heir) family members, the local notary public, town clerk, a person at the bank, etc. are all possible individuals you could draw on as witnesses.

If you will be signing the VCAD while you are being admitted to or are a patient or resident in a hospital, nursing home, or residential care home, an additional person (designated hospital explainer, long-term care ombudsman, member of the clergy, Vermont attorney, or person designated by the probate court) needs to confirm that the nature and effect of the advance directive has been explained to you and you appear to understand it.

6. Documents should go to the following so make enough copies of the original before signing:
  - Your agent and alternate agents should have signed copies
  - Your preferred physician should have an original document
  - An original should be attached to your hospital medical record
  - You should keep an original document (but not in a safe deposit box)
7. After executing an advance directive, you might want to craft a separate document with information important to you. It could include the following:
  - A list of persons to be notified if you are sick or dying,
  - Special prayers you would like,
  - A request for or extension of forgiveness,
  - An expression of thanks,
  - More detailed funeral plans,
  - Obituary information.
  - And other important information.

Tell your agent(s) about this document and keep it with your **VCAD**.

## What is an Advance Directive?

An advance directive is a legal document witnessed in advance of a serious illness or injury to address your end-of-life medical care and/or your medical care in the event you are temporarily unable to speak for yourself. Executing an advance directive exercises good stewardship over the gift of life. An advance directive consists of two important sections:

1. The first section is often called the *durable power of attorney for health care*. It names the person whom you would like to make the medical decisions for you when you are no longer able to speak for yourself. In Vermont this person is called a health care agent. (This may or may not be the same individual you have named as for your power of attorney for legal and financial decision making.) You may also designate alternate agents in case your first choice is unable to act. Other names you may have heard to describe the health care agent are surrogate, proxy or designee. These names are all synonymous.
2. The second section specifies the medical care you would like if you become incompetent and unable to speak for yourself. You may provide general goals and instructions for your health care agent to follow. This section was previously referred to as a *living will* under Vermont law.

*Your clinician would be the one to declare that you lack the capacity to make and communicate a decision regarding a medical issue that needs to be decided. "An individual shall be deemed to have capacity to make a health care decision if the individual has a basic understanding of the diagnosed condition and the benefits, risks, and alternatives to the proposed health care." (Act 55, #9701-3)*

These two sections are essential, but some people wish to include additional information in their advance directive. Other directions can be included in your health care advance directive, or a separate document can be executed. You may specify what type of funeral arrangements you would like, your organ donation preferences, instructions regarding do-not-resuscitate orders, or any requests for emotional or spiritual care.

## Understanding Vermont Law:

[Act 55 An Act Relating to Advance Directives for Health Care \[www.leg.state.vt.us\]](http://www.leg.state.vt.us)

The Vermont legislature passed a new Advance Directive bill that went into effect in September 2005. The most important changes in Vermont law are:

- Previously, Vermonters had to execute two separate documents pertaining to health care decisions: A Living Will and A Durable Power of Attorney for Health Care. Vermont law still recognizes these previously executed documents while now promoting a single document, referred to as an advance directive, which accomplishes the functions of both.
- The language of these documents was strictly defined in state statute, but now Vermonters are free to use any form or wording as long as the signing of the document is properly witnessed. (See "Instructions for Executing the VCAD")
- A Vt. advance directive may include any or all of the following:
  - Designation of an agent,
  - Identification of a preferred physician,
  - Instructions for care including life-sustaining treatment,
  - Desires regarding organ donation (anatomical gift),
  - Directions regarding disposition of remains and funeral goods and services.

## Why Should I Have an Advance Directive?

An advance directive is a document for your benefit to ensure that you receive the type of medical care you deserve. Without an advance directive you may have no control over your own medical decisions if you become unable to speak for yourself. An unknown health care provider could end up making life and death decisions for you without your best interest in mind and without knowing your values.

Everyone can benefit from an advance directive, not just the sick or elderly. If you are a legal adult, over age 18, you should seriously consider completing an advance directive. The best time to complete an advance directive is when you are healthy, before you end up in the hospital. Medical crises are not restricted to older populations. Perfect times to complete an advance directive are when a young adult is leaving for college and when couples begin to have children.

## Why a Vermont Catholic Advance Directive?

Catholics, together with many people of good will, recognize the sacredness of human life from the first moment of conception to the moment of natural death. Hence, we expect that every ordinary effort will be made to preserve and improve life.

Modern medical technology has brought many benefits and has helped many persons to live healthier lives for longer periods of time. It is important to ensure that medical techniques truly serve the dignity of the human person and not unnecessarily prolong the natural death to which God calls each person. Yet in our day, there are campaigns to legalize physician-assisted suicide and euthanasia. We unalterably oppose these efforts because we believe that life is God's precious gift and must not be subjected to deliberate violence or destruction.

In light of these realities, one must avoid two extremes:

1. *The euthanasia mentality that wills the death of a person under the guise of mercy.*
2. *A technological mentality that prolongs unnecessarily the life of a dying patient.*

Because of the advances in medicine and the ongoing complexity of medical care, it is no longer possible to anticipate what decisions will need to be made about your care. **The Diocese of Burlington provides a document entitled the Vermont Catholic Advance Directive (VCAD) as an aide to Catholics and others who want their care to be based on Catholic teaching. Part One of the VCAD states general instructions for care and encourages the designation of a person (agent) who can be entrusted to speak for you in the event you are unable to make immediate decisions for yourself. Part Two of the VCAD deals with disposition of your body after death.**

Because the first portion of this document already describes specific end of life care based on Catholic moral teaching, the designation of an agent and alternate agents is the primary objective of this portion of the **VCAD** for the individual filling it out, along with getting the signatures witnessed properly as they are signed. The clearly stated general preferences, beliefs and goals will allow a good agent to make the best decisions for you under all circumstances.

In order for this particular type of advance directive to work, it is imperative that you spend time with your agent discussing matters related to your health and end of life. He or she must have the understanding and information needed to make the decisions that you would want made. (See section on "Things You Should Discuss With Your Agent")

Understand that according to the law, when your physician determines that you no longer have the capacity to make your own health care decisions, your agent is empowered to make any and all health care decisions that you could make on your own behalf if you had capacity. If your health care agent is unavailable or otherwise unable to act as your agent, your alternate agent(s) will be empowered. In the event that you regain capacity, you will once again be free to make your own health care decisions and your agent will be released from responsibility.

## Choosing Your Agent

Because the person(s) you select shall have the authority to make any health care\* decisions on your behalf, your agent should be a real advocate for you in a medical situation when you do not have the capacity to make such decisions yourself. This is more important than how close he or she is to you emotionally. Sometimes being close to you puts the agent at a disadvantage in a serious situation.

The following points issued in a letter from the Bishops of Maryland should be considered in appointing someone to be your agent:

1. You should appoint someone who has the strength of character to make good judgments in painful situations.
2. You should appoint someone whom you know you can trust to make decisions on the basis of the Church's teaching. The prudent person will select an agent who will act as he or she would have acted in whatever circumstances evolve.
3. No one should agree to act as an agent for another person if that person would expect or require the agent to make decisions that disregard the teaching of the Church. It is not morally acceptable to carry out immoral decisions on behalf of someone else.
4. No agent and physician should ever feel obliged to act contrary to their well-formed consciences, even on behalf of another person.

Be sure that your agent and your alternate agents have agreed to accept this responsibility and each have a copy of your signed and witnessed advance directive. If you want to change your instructions at a later date and execute a new document, be sure they dispose of the previous one and have a copy of the new directive. Your healthcare provider cannot be your agent nor can the owner or employee of a hospital or nursing home in which you reside unless he or she is related to you.

*\*"Health care means any treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition, including services provided pursuant to a clinician's order, and services to assist in activities of daily living provided by a health care provider or in a health care facility or residential care facility." (Act 55, 9701-10)*

## Things You Should Discuss With Your Agent

1. Values: Sometimes before it's even possible to talk to your agent or loved ones, you need to think about what's important to you.
  - Personal relations
  - Overall attitude toward life and health
  - Religious background and beliefs
  - Thoughts about illness, dying and death
  - Living environment
  - Relationships with doctors and other healthcare providers
  - Thoughts about independence and self-sufficiency

- Finances
  - Funeral plans, organ donations
  - Legal documents (where they are)
  - Any other topics....
2. Physicians: Choose healthcare providers who are familiar with and respectful of your values.
- Your primary physician
  - Other health care specialists you are seeing
  - Decide which physician will have a copy of your **VCAD**
3. Health and health care:
- Discuss your wishes about healthcare decisions with family members and agent(s) now, while fully competent. Be sure to address:
- Your present health concerns and issues
  - Any development you anticipate that could cause you to lose capacity to make your own health care decisions
  - Your concerns about pain control – (See Church teaching below on relieving pain)
  - Discuss specific concerns about end of life care, especially regarding termination of life sustaining treatment. (See Church teachings below)

Food and water (even hydration and nutrition administered by medical means, including I.V.'s and tube feeding) are considered ordinary care by the Church. Vermont law and many healthcare providers, however, view such artificial means the same way they do life-sustaining treatment. Thus they believe, and the law allows, that these means can be withheld or withdrawn with or without your direction or the direction of your agent unless it is specifically stated otherwise in your written advance directive.

The **VCAD** is specifically written in accordance with Church teaching and to assure that you will not be deprived of food and water against your wishes. [In some states, if your advance directive does not indicate any specific wish regarding nutrition and hydration, you will continue to receive nourishment, but in Vermont, if your directive is silent on this question, you can be denied food and water.]

- “Do Not Resuscitate Orders”:  
If your heart or breathing suddenly stops while you are in a hospital or nursing home, drugs, machines, and other means will be used to try to restart them. This is called Cardiopulmonary resuscitation or CPR. CPR is always done unless your doctor writes an order called a “Do Not Resuscitate Order” or DNR.

Although CPR is routinely done, there are never any guarantees that CPR on a given patient will be successful. The fact is that CPR will do nothing to restore a person to good health or cure the person of the underlying illness, which caused the person’s heartbeat and breathing to stop. And since flow of oxygen to the brain stops when the heartbeat and breathing stop there is always a chance that a person might survive CPR but sustain brain damage.

Therefore, when a person suffers from an incurable, terminal disease, and when death is near, and CPR would not convey a benefit to the person, it may be said that CPR is futile. That person may in good conscience decide with his/her own doctor that a DNR order is appropriate.

It is important to talk with your physicians about your health conditions so you have a clearer sense of the progression of any disease process. Then it is important to discuss with your agent exactly how you feel about being resuscitated and under what conditions. You should also know that though there is a protocol to

be followed for patients with DNR orders for Emergency Medical Services, in most cases when the Emergency Team arrives at the home, the patients are automatically resuscitated.

The following directives are covered by Part Two of your VCAD. You may designate a different person as your agent regarding these directives if you so choose:

4. Your wishes about organ or body donation:

- If you wish to donate any organs and if so, which ones:
  - Any organ needed
  - Major organs (heart, lungs, kidneys, etc.)
  - Tissues such as skin and bone
  - Eye tissue such as corneas
- If you want to donate your body to science, and whether you have already contacted a medical school (Usually, the ashes are returned within three years after the body has been cremated. The family should then proceed with the Rite of Christian Burial.)
- Your desires regarding an autopsy

5. Funeral arrangements:

It is usually easier for your family if you have already made some funeral directives. Most funeral homes provide this service and there is no charge to do so. (Though prepay is an option) It is also usually less expensive than when the bereaved family members have to make quick decisions at an emotional time.

6. Alternate Agents: Be sure your agent knows who your alternate agents are.

7. Location of copies of your **VCAD documents**:

- Your agent and alternate agents should have signed copies.
- Your preferred physician should have an original document.
- An original should be attached to your hospital medical record.
- You should keep an original document.
- You should register your **VCAD** with the Vermont Advance Directive Registry.

Once you have completed the document and it has been signed and witnessed, it may not be changed or modified. If you want to make changes you must make an entirely new one. It is also important for you to revisit your decisions and discussions with your agent(s) as time goes by. Because of this it is helpful to keep a list of who has copies of your document with your personal copy of the document so that if you decide to make out a new one you are able to retrieve the old documents and destroy them.

You have the right to make health care decisions for yourself and treatment cannot be given to you or stopped over your objections as long as you are able to do so. This document meets its purpose only when and if you are no longer capable of making such decisions. When and if you are found to have to the capacity to make decisions for yourself once again, the agent is released from his or her responsibility.

Even after you have signed this document, you still have the right to revoke the authority granted to your agent by informing him or her or your health care provider orally or in writing.

## ***Church Teachings***

The following are excerpts from Church documents

### ***Faithful Stewards of Our Lives***

Our Judeo-Christian heritage holds that life is the gift of a loving God, and that each human being is made in the image and likeness of God. As Christians we also celebrate the fact that we have been redeemed by Jesus Christ and are called to share eternal life. We see life as a sacred trust over which we can claim stewardship, but not absolute dominion. (*US Conference of Catholic Bishops (USCCB) Declaration on Euthanasia, 1980*)

### ***To Care When We Cannot Cure***

The task of medicine is to care even when we cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. (*USCCB Ethical Directives for Catholic Health Care Services, June 2001*)

### ***Relieving Pain***

Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering. (*USCCB Ethical Directives for Catholic Health Care Services, June 2001*)

### ***Disproportionate Treatment***

The conscious taking of a human life through either active or passive measures must be distinguished from the decision to forego so-called "aggressive medical treatment," in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are now disproportionate to any expected results or because they impose an excessive burden on the patient and his family. In such situations, when death is clearly imminent and inevitable, one can in conscience "refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted." (*Pope John Paul II, Evangelium Vitae (The Gospel of Life) 1995, #65*)

### ***Hydration and Nutrition***

The administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use, furthermore, should be considered, in principle, ordinary and proportionate, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality. (*Pope John Paul II, To the Participants to the International Congress "Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas", March 2003*)

## ***Hope for Eternal Life Through Death***

Christ's redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death. The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death—for many, a time when hope seems lost—the Church witnesses to her belief that God has created each person for eternal life. (*USCCB Ethical Directives for Catholic Health Care Services, June 2001*)

## ***Organ Transplants***

Organ transplants are in conformity with the moral law if the physical and psychological dangers and risks to the donor are proportionate to the good that is sought for the recipient. Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity. It is not morally acceptable if the donor or his proxy has not given explicit consent. Moreover, it is not morally admissible directly to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons. (*Catechism of the Catholic Church, #1196*)

## ***Disposition of a Body***

*The bodies of the dead must be treated with respect and charity, in faith and hope of the Resurrection. The burial of the dead is a corporal work of mercy; it honors the children of God, who are temples of the Holy Spirit.* (#2300, Catechism of the Catholic Church.)

## ***Autopsies***

*Autopsies can be morally permitted for legal requests or scientific research.* (#2301, Catechism of the Catholic Church.)

## ***Cremation***

The Church earnestly recommends that the pious custom of burying the bodies of the deceased be observed; nevertheless, the Church does not prohibit cremation unless it was chosen for reasons contrary to Christian doctrine. (Can.1176 §3,Code of Canon Law)

*The church permits cremation, provided that it does not demonstrate a denial of faith in the resurrection of the body.* (#2301, Catechism of the Catholic Church.)

## ***Funerals***

*The Christian funeral is a liturgical celebration of the Church. The ministry of the Church in this instance aims at expressing efficacious communion with the deceased, at the participation in that communion of the community gathered for the funeral, and at the proclamation of eternal life to the community.* (#1684, Catechism of the Catholic Church)

*Ecclesiastical funerals, by which the Church seeks spiritual support for the deceased, honors their bodies, and at the same time brings the solace of hope to the living, must be celebrated according to the norm of the liturgical laws.* (Can.1176 §2,Code of Canon Law)

When it concerns funerals, catechumens must be counted among the Christian faithful. (*Can. 1183 §1, Code of Canon Law.*)

The local ordinary can permit children whom the parents intended to baptize but who died before baptism to be given ecclesiastical funerals. (*Can.1183 §2, Code of Canon Law.*)



**BISHOP'S OFFICE**  
351 North Avenue  
Burlington, Vermont 05402-0489

Dear Brothers and Sisters in the Lord:

It is never easy for us to think about sickness and death. Though it is part of life, we prefer not to think about these realities of our human existence. If someone close to us or we ourselves become ill, a very difficult situation becomes still more challenging unless we have the benefit of having made reasonable and faith based preparations prior to sudden or unexpected illness.

In today's culture we are compelled to address these end of life issues. Medical science has made extraordinary advances, which, however, make it difficult to predict what will or will not be feasible in addressing our future medical needs. Because of this, it is imperative that we make such plans in advance so that others will know our wishes. Filling out an Advance Care document assures us we will be cared for according to our Catholic faith and values, and also enables our families and loved ones to know how we wish to be cared for should we be in the situation where we cannot speak for ourselves.

The Vermont legislation regarding Advance Directives that was passed in 2005 allows us to put into one document that which was formerly contained in two documents, namely the living will and the durable power of attorney. Since many of the forms have become increasingly more cumbersome as they tried to accommodate so many different instances and situations, the Diocese has made available a concise document which will meet your needs as Catholics, and allow you to specify who will be your health care agent and the alternates in case that agent is unavailable.

Please understand, however, that the simplicity of this form places more responsibility upon you inasmuch as it requires you to have an ongoing dialogue with your chosen health care agent. It is important that once you have chosen such an agent and alternate agents that you keep them informed of your medical needs and desires. By so doing, you will be able to better ensure that days of illness and apprehension may be more peaceful, not only for you, but also for those who love and care for you.

Hopefully the information here provided will assist you in addressing these vital issues. The instructions for preparing this legal document are provided for you as well. This packet of information, *consistent with Catholic principles and doctrine and in accordance with the laws and practices of the State of Vermont*, is available through the Marriage, Family, and Respect Life Ministries Office and on the diocesan web site at [www.vermontcatholic.org](http://www.vermontcatholic.org). Please feel free to make copies of the packet of information or request additional copies.

May we all rest in the knowledge that the same Lord who has begun His good work in us will see it to completion when at last we return to Him to share in His glorious resurrection.

Assuring you of my prayers as we continue our journey of faith, I remain,

Devotedly, Yours in Christ,

† The Most Reverend Salvatore R. Matano  
Bishop of Burlington

**VERMONT CATHOLIC ADVANCE DIRECTIVE**

*Agent Appointment and Instructions for Care*

**Appointment of My Health Care Agent**

I, \_\_\_\_\_, designate and appoint as my health care agent:

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

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

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

Phone Numbers: (h) \_\_\_\_\_

(w) \_\_\_\_\_

I instruct my agent to act in accordance with Catholic teaching in all decisions regarding my health care. My Health Care Agent should make any and all health care decisions for me in the event I am determined to lack capacity by my physician, for the duration of my incapacity.

If the person named as my agent is unavailable or unable to act as my health care agent, I appoint the following person to act on my behalf:

**Alternate Agent 1**

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

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

Phone(s): \_\_\_\_\_

**Alternate Agent 2**

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

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

Phone(s): \_\_\_\_\_

These individuals have agreed to represent me in this capacity.

**Instructions for My Health Care**

My Catholic faith teaches that all human life is a precious gift from God from the first moment of conception to the moment of natural death, and that euthanasia and assisted suicide are not morally permissible. Therefore, I oppose any action or inaction that is intended to cause my death.

I always wish to receive basic care, which will allow me to be most comfortable including food, water, and pain control. I have discussed my desires regarding pain control with my agent.

I wish to receive medical care and treatment appropriate to my condition as long as it is useful and offers a reasonable hope of benefit and is not excessively burdensome to me, i.e., does not impose serious risk, or some other extreme burden.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Initials: Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_

If I am unable to eat and drink on my own, nutrition and hydration administered by medical means should be provided to me unless death is inevitable and imminent so that the effort to sustain my life is futile, or unless I am unable to assimilate food or fluids.

I request and direct that medical treatment and care be provided to me to preserve my life without discrimination based on my age, physical or mental disability, or the "quality" of my life.

If my death from a terminal illness is imminent, I wish to refuse treatment that would only secure a precarious and burdensome prolongation of my life. I wish to be attended by a Catholic priest, receive the Sacraments of Reconciliation and Anointing of the Sick and Viaticum.

If I am pregnant, I wish every means to be taken to preserve and nurture the life of my unborn child, including the continuation of life-sustaining procedures for myself, if these measures could sustain the life of my unborn child until birth.

This Advance Directive on Health Care reflects my health care wishes, and I am signing this document of my own free will.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I affirm that the signer of this document appears to understand the nature of the document and to be free from duress or undue influence at the time of signing, has provided proof of identification, and is over 18 years of age.

**First Witness (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

First Witness (signature): \_\_\_\_\_

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

**Second Witness (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Second Witness (signature): \_\_\_\_\_

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

Statement of ombudsman, hospital representative, member of the clergy, Vermont attorney, or person designated by the probate court (to be signed only if the principal is in or is being admitted to a hospital, nursing home or residential care home):

I declare that I have personally explained the nature and effect of this Advance Directive on Health Care to the principal, and that the principal understands the same.

Name \_\_\_\_\_ Title/position \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:**

***This document must be signed and dated in the presence of two adult witnesses.***

***The following people may not sign as witnesses: your agent(s), spouse, reciprocal beneficiary, children or grandchildren, parents and siblings.***

Completed copies of this form should be given to all specified agents, your primary physician, any family members you would like, and any health care facility at which you reside or are likely to receive care.

VERMONT CATHOLIC ADVANCE DIRECTIVE  
**Part II - Disposition of Remains; Funeral Goods and Services**

To relieve my family of the burden of making multiple decisions regarding my funeral, I am recording my wishes. I understand that the cost for the disposition of my remains and funeral goods or services may be paid in advance through a specific funeral home, or may be paid after my death through my estate.

I, \_\_\_\_\_, designate and appoint as my agent for disposition of remains and funeral goods and services:

Agent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Numbers: (h) \_\_\_\_\_  
(w) \_\_\_\_\_

My agent and I have discussed the following:

I **have** **have not** (Strike through whichever does not apply) made arrangements for my body to be donated to science with (Name the institution) \_\_\_\_\_.

I **would** **would not** (Strike through whichever does not apply) like to donate my organs.

I have already made arrangements for my funeral with the (Name funeral home) \_\_\_\_\_  
\_\_\_\_\_OR The Funeral Home I would like to involve with my services is \_\_\_\_\_.

I **would** **would not** (Strike through whichever does not apply) like my body to be cremated.

I have discussed with my agent the quality of the casket I would prefer or in the event of cremation I prefer that a **rented casket** or a **cremation casket** be used for the funeral and wake. (Strike through whichever does not apply.)

I would like to be waked at:  
\_\_\_\_\_

Some wishes I have regarding my wake are:  
\_\_\_\_\_

I **would** **would not** (Strike through whichever does not apply) like an open casket if it is possible.

Burial should be made in the \_\_\_\_\_ Cemetery where  
\_\_\_\_\_ I have a family plot and would like to be buried beside  
\_\_\_\_\_ in position # \_\_\_\_\_. **OR**  
\_\_\_\_\_ I have no plot but still wish to be buried in this cemetery.

My Parish (or Church affiliation) is \_\_\_\_\_.

I want my funeral to include the Catholic Mass of Christian Burial at \_\_\_\_\_ Parish.

If the above-mentioned agent is unavailable or unable to act, the following alternate agent is also aware of my wishes.

Alternate Agent

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

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

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

Phone Numbers: (h) \_\_\_\_\_

(w) \_\_\_\_\_

This Vermont Catholic Advance Directive Part II regarding Disposition of the Body reflects my wishes, and I am signing this document of my own free will.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I affirm that the signer of this document appears to understand the nature of the document and to be free from duress or undue influence at the time of signing, has provided proof of identification, and is over 18 years of age.

**First Witness (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

First Witness (signature): \_\_\_\_\_

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

**Second Witness (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Second Witness(signature): \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

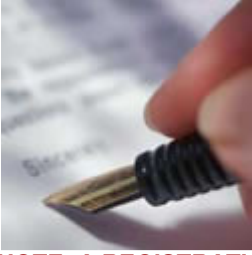
**Please Note:**

*This document must be signed and dated in the presence of two adult witnesses.*

*The following people may not sign as witnesses: your agent(s), spouse, reciprocal beneficiary, children or grandchildren, parents and siblings.*

Completed copies of this form should be given to all the agents, the executor of your will and any funeral home, parish or institution designated in this document.

## How to Register an Advance Directive



**NOTE: A REGISTRATION AGREEMENT FORM must be submitted with the ADVANCE DIRECTIVE or LOCATOR FORM to the registry.**

- If you already have an advance directive or living will, it can be registered as well, but you still need to fill out the **Registration Agreement form** and mail the forms to the address below.
- You may also choose to use advance directive forms from other organizations. The **Registration Agreement form** must be included also.

If you do not have an advance directive, complete the following steps:

### *1. Download the forms*

- [Advance Directive](http://www.healthvermont.gov/vadr/#forms) – (<http://www.healthvermont.gov/vadr/#forms>)
- [Registration Agreement](http://www.healthvermont.gov/regs/ad/AD_registration_agreement.pdf) – ([http://www.healthvermont.gov/regs/ad/AD\\_registration\\_agreement.pdf](http://www.healthvermont.gov/regs/ad/AD_registration_agreement.pdf))

**Fill out both forms** and sign the Registration Agreement. The Registration Agreement gives the registry permission from you, the **registrant**, to send a copy of your advance directive and emergency contact information to those authorized to access them.

### *2. Mail or fax the Advance Directive, along with a completed and signed Registration Agreement to:*

**Vermont Advance Directive Registry      Fax: 908-654-1919**  
523 Westfield Ave.  
PO Box 2789  
Westfield, NJ 07091-2789

### *3. If you do not wish to share your advance directive online because of privacy concerns:*

You can complete and send an [Advance Directive Locator Form](http://www.healthvermont.gov/regs/ad/) (<http://www.healthvermont.gov/regs/ad/>) instead.

The **Locator Form** is stored in the registry in place of the advance directive, and describes the physical location of your advance directive - that is who has copies of it, but not the actual contents.

Be aware that the Locator Form method may delay important health care decisions until the advance directive document is located. Mail or fax the completed **Locator Form** along with the **Registration Agreement**: mail to above address.

### *For technical assistance*

- E-mail the VADR at [techsupport@uslivingwillregistry.com](mailto:techsupport@uslivingwillregistry.com)
- Or call 908-325-2525 Monday to Friday, 9 am - 5 pm EST.

## Confirmation from the Registry

After receiving and processing the documents, the registry will mail you a confirmation letter that the documents were scanned and safely stored in the registry.

*Along with the confirmation letter, you will receive:*

- A registration ID number on a wallet card.
- Adhesive labels with registry contact information.
- Instructions for accessing the registry, viewing the documents, and making changes.

Annually, the Vermont Advance Directive Registry will contact you by mail to confirm your advance directive information.

You are responsible for the accuracy of your advance directive, to ensure it reflects your wishes and instructions at all times, and any other important update information such as changes of address for your agent and alternate agents.

## Advance Directive Forms

The list includes forms from other organizations.

Follow the mail or fax directions above to submit the Advance Directive form, along with the **Registration Agreement**, to the registry.

## Information regarding disposition of remains and funeral goods and services

*Organ transplants are in conformity with the moral law if the physical and psychological dangers and risks to the donor are proportionate to the good that is sought for the recipient. Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity. It is not morally acceptable if the donor or his proxy has not given explicit consent. Moreover, it is not morally admissible directly to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons. Catechism of the Catholic Church, #1196*

### Organ Donation

In order to make a decision about organ and tissue donation you may want to consider the following:

- Even if you choose to donate organs and tissues after your death, every effort will be made to save your life. Organs and tissue donation can be pursued only after these efforts have failed and you are declared dead.
- There is no disfigurement associated with organ and tissues recovery. You may have an open casket funeral if you wish.
- There is no charge to the donating family for recovering organs and tissues.
- Organs are distributed to those awaiting transplant on the basis of matching, medical urgency, time waited, and in some cases, geographic proximity.
- Age need not be a consideration in making a donation.
- If your driver's license or Uniform Donor Card indicates that you want to donate organs, it will be recognized as a decision made by you for this purpose and will be obeyed.

**It is against the law in the United States to buy or sell organs.**

#### How To Donate:

If you are at least 18 years of age, you may sign and carry a Uniform Donor Card. You may also check and sign the appropriate lines on the back of your Vermont Driver's license. These cards authorize the removal and use of your organs and tissue after your death. If you use the Uniform Donor Card you must sign the card in the presence of 2 witnesses, who must also sign. The Uniform Donor Card is recognized in all 50 states. **Please remember to tell your family your wishes.**

#### What Organs:

Organs needed for transplantation are kidneys, lungs, heart, liver and pancreas. Tissues used for transplantation include eyes/corneas, bone and associated connective tissue, skin, heart valves and cardiovascular tissue.

#### Your Family's Role:

Your family will be consulted upon your death prior to the recovery of any organs or tissues. The best way to ensure that your wishes are followed is to talk with them beforehand and make sure they understand your wishes.

For more information contact:

[New England Organ Bank](#) 1 800-446-6362

[Center for Donation and Transplant](#) 1 800 256-7811

Donor Hotline: 1 800 803-6667

Vermont: 802 656-8454

## **Information for Body Donors**

(This general information regarding body donation has been derived from the anatomical gift programs of numerous institutions. Each institution has additional information specific to its own program and available to any individual contacting that particular institution on-line, by phone, mail or with the assistance of a personal physician or funeral director.)

### General information

Anatomical dissection plays an important role in modern medical education and research. Most teaching hospitals have an Anatomical Gift Program that accepts body donations from persons who desire to leave their bodies for medical science and education.

Donors must be 21 or older. Many centers have a region wherein they will accept body donation and usually request that individuals have personally registered with them in advance of death.

### In Order to Register

The person interested contacts the Medical School where he/she desires to make a body donation. Anatomical Gift authorization forms must be signed and someone from that facility should go over everything in detail. Forms must be witnessed separately from the VT Catholic Advance Directive. This form is a document that declares your wish to donate your body to science. This does not mean that when the time comes the Anatomical Gift Program is required to take your body.

It is important that your designated agent(s) is aware of this decision and desire and has access to copies of the signed and witnessed registration forms. Once the forms have been signed, most institutions will give you some kind of card to carry in your wallet and to give to your designated agent(s).

### You May Change Your Mind

If you decide not to donate your body after all the above has been signed, you will need to contact the institution in writing that you wish to withdraw from the program.

### No One Else Can Decide to Donate Your Body

After your death, no one can make the decision for you to donate your body. Body donations are only accepted from individuals who have personally registered **in advance of their death**.

### Registration Does Not Guarantee Acceptance

The number of registered body donors has increased significantly in the past few years. Therefore, many institutions reserve the right to decline a body donation if their facility is temporarily full or if the condition of the body is not suitable for study. Conditions that may render a body unsuitable include certain infectious diseases, some vascular diseases, open wounds (such as unhealed surgery or trauma), and extreme malnutrition or obesity.

### Alternate arrangements

In the unlikely event that your body cannot be accepted, please discuss alternative plans with your family regarding your wishes.

### Autopsies and Organ Donations

If the body is to be donated it is important that the body remain intact after death. Therefore autopsies cannot be performed nor can organs be donated if arrangements are made to donate your body. If an autopsy is required for any reason, the body will not be accepted.

### Financial considerations

Some institutions assume responsibility for

- Removal of body from a hospital
- Transportation of the body
- Permits for transportation and cremation
- Cremation

Other institutions require the donor to pay for some of the above. The deceased or family members are responsible for funerals, obituaries, or any other services not specifically mentioned by the institution.

### Time and Place of Death

At the time of death a physician is required to sign the death certificate. This is true regardless of where you die (in the hospital, at home, etc.) Institutions are used to dealing with such issues and are usually able to assist with arrangements once the family has contacted them that the death has occurred.

### Final Disposition

It often takes up to two years for the institution to complete their studies. At that time, bodies are cremated. Following cremation, the remains are returned to the next-of-kin or to a designated funeral director. Because the body is not available for a funeral Mass, it is suggested that the family hold a Memorial Mass at the time of death. When the cremated remains have been returned from the institution, a funeral Mass can be arranged prior to burial.

## **On Cremation**

Catholic Funeral Rites highlight several important Christian beliefs: the sacredness of all human life; the dignity of the individual person; the resurrection of Jesus, first-born of the dead; respect for the human body; the importance of remembering the dead and praying for them; and finally, the need for the Church to provide a ministry of consolation to those who mourn.

The body of a deceased Catholic is the body once washed in Baptism, anointed with the Oil of salvation and nourished with the Eucharist. The human body is a temple of the Holy Spirit and is destined for eternal glory at the resurrection of the dead. Therefore, the bodies of the deceased are always prepared for burial in a way that befits their dignity.

Although the Church now permits cremation, (cf. Canon. 1176 §3) the long-standing practice of burying the body of the deceased in a grave or tomb, in imitation of the burial of Jesus' body, is encouraged as a sign of Christian faith.

The Church prefers and urges that the body of the deceased be present for the Funeral Rites. If cremation is chosen, it preferably happens after the traditional Funeral Liturgy with burial or entombment at a later date.

When cremation happens before the Funeral Liturgy, the cremated remains may be buried or entombed first, followed by the Funeral Mass or the cremated remains may be present at the Funeral Mass with burial following.

When the cremated remains are to be present for the Funeral Mass, an appropriate table is to be prepared for them at the place normally occupied by the coffin. The paschal candle, symbol and reminder of the Resurrection, is placed near the table. The vessel containing the cremated remains may be carried in the Entrance Procession or placed on the table before the Liturgy begins.

Cremated remains are to be given the same respect as the corporeal remains of a human body. This includes the manner in which they are carried or transported and their final disposition. They are to be buried in a cemetery or entombed in a mausoleum or columbarium. Scattering cremated remains at sea or in the ground is not permitted. Likewise, keeping the cremated remains in one's home is not the reverent disposition that the Church requires.

## **Catholic Church Teachings Relating to Disposition of a Body**

*The bodies of the dead must be treated with respect and charity, in faith and hope of the Resurrection. The burial of the dead is a corporal work of mercy; it honors the children of God, who are temples of the Holy Spirit. (#2300, Catechism of the Catholic Church.)*

*Autopsies can be morally permitted for legal requests or scientific research. The free gift of organs after death is legitimate and can be meritorious.*

*The church permits cremation, provided that it does not demonstrate a denial of faith in the resurrection of the body. (#2301, Catechism of the Catholic Church.)*

*The Christian funeral is a liturgical celebration of the Church. The ministry of the Church in this instance aims at expressing efficacious communion with the deceased, at the participation in that communion of the community gathered for the funeral, and at the proclamation of eternal life to the community. (#1684, Catechism of the Catholic Church)*

*Ecclesiastical funerals, by which the Church seeks spiritual support for the deceased, honors their bodies, and at the same time brings the solace of hope to the living, must be celebrated according to the norm of the liturgical laws. (Can.1176 §2,Code of Canon Law)*

*The Church earnestly recommends that the pious custom of burying the bodies of the deceased be observed; nevertheless, the Church does not prohibit cremation unless it was chosen for reasons contrary to Christian doctrine. (Can.1176 §3,Code of Canon Law)*

*When it concerns funerals, catechumens must be counted among the Christian faithful. (Can. 1183 §1, Code of Canon Law.)*

*The local ordinary can permit children whom the parents intended to baptize but who died before baptism to be given ecclesiastical funerals. (Can.1183 §2, Code of Canon Law.)*