



Spiritual Living Will

I, (Print your full name) _____

I am Catholic and I authorize anyone to call only a Catholic Priest to provide me with Anointing of the Sick, Confession and Apostolic Pardon when I fall ill or need medical help. Shortly after I pass, I require a Catholic Mass with my body present and buried in a Catholic cemetery. No ashes may be shared as keepsakes. I need Gregorian Masses said for the repose of my soul after I pass. Visit SacramentsforSeniors.com for lists of Priest organizations for Mass options.

Signature _____ Date _____

Witness 1: Print Name: _____ Signature _____

Date _____

Witness 2: Print Name: _____ Signature _____

Date _____

***Notarize, make copies and share with loved ones, and care/medical facilities**

****Frame and or laminate and post in a visible location near you**