



A Sacred Passing  
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## Client Information Form

### Client Information:

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

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

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

*What is the time line for possible death?*

### Information about the Dying:

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

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

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

Relationship of client to the dying person?

**Services to be included:**

Consultation

Paperwork assistance for Advanced Directives: Durable power of attorney for health care, health care directive (Living Will), POLST

Document organization

Writing Death Plan

Setting sacred space for the Dying

Pre-death blessing

Death facilitation

Post-death blessing

Ritual washing the body

Dressing and lying in honor

3 Day Vigil (set up, facilitate, participate, run)

Facilitation of body container decoration and/or blessing. (casket, shroud, box/urn)

Clearing the spiritual/energetic space post removal

Information about burial or cremation options

Blessing services/ceremony at home/ funeral home/cremation/grave side/other location

## Write up

Address where the vigil is to be performed?

Funeral Home to be used?

Cremation or burial, where?

Religious practices to be included?

Vigil format?

Notes: