



A Sacred Passing
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Client Referral Form

Information about the person dying:

Name: _____

Address: _____

Phone: _____ email: _____

What is the time-line for possible death?

Referred by:

Name: _____ Title/Position _____

Address: _____

Phone: _____ email: _____

Contact person for the person dying:

Name: _____

Phone: _____ email: _____

Relationship of client to the person dying: _____

Consultation on which services:

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

Document organization

Writing a Death Plan

Setting sacred space for the Dying

Pre-death blessing

Death facilitation

Post death blessing

Ritual washing the body

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

Information about burial or cremation options

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

Clearing the spiritual/energetic space post removal

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