

*A comprehensive blueprint to equip and comfort  
your loved ones at your passing.*

# passageplan



Plan what you want to support you physically, emotionally and spiritually.

**by Stacey Canfield**

Founder of



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September 25, 2012



# The Passage Plan

## T.A.B.L.E. of Contents

Invite your loved ones to the “T.A.B.L.E.” and share your Passage Plan:

- ☐ Remove any doubt or question in your family members mind as to how you want to live out your final days.
- ☐ Equip and comfort those who are left behind to take care of you. Share with them your exact needs and desires, thereby removing any stressful guessing games.
- ☐ Leave a lasting mark on this world with your carefully crafted personal legacy.
- ☐ Fulfill a dream to say goodbye personally to all the important people in your life. And, more importantly, repair any heavy burdens you have carried along the way.
- ☐ Give your family and friends the opportunity to know you in a way they don't or would not ordinarily experience on an everyday basis.

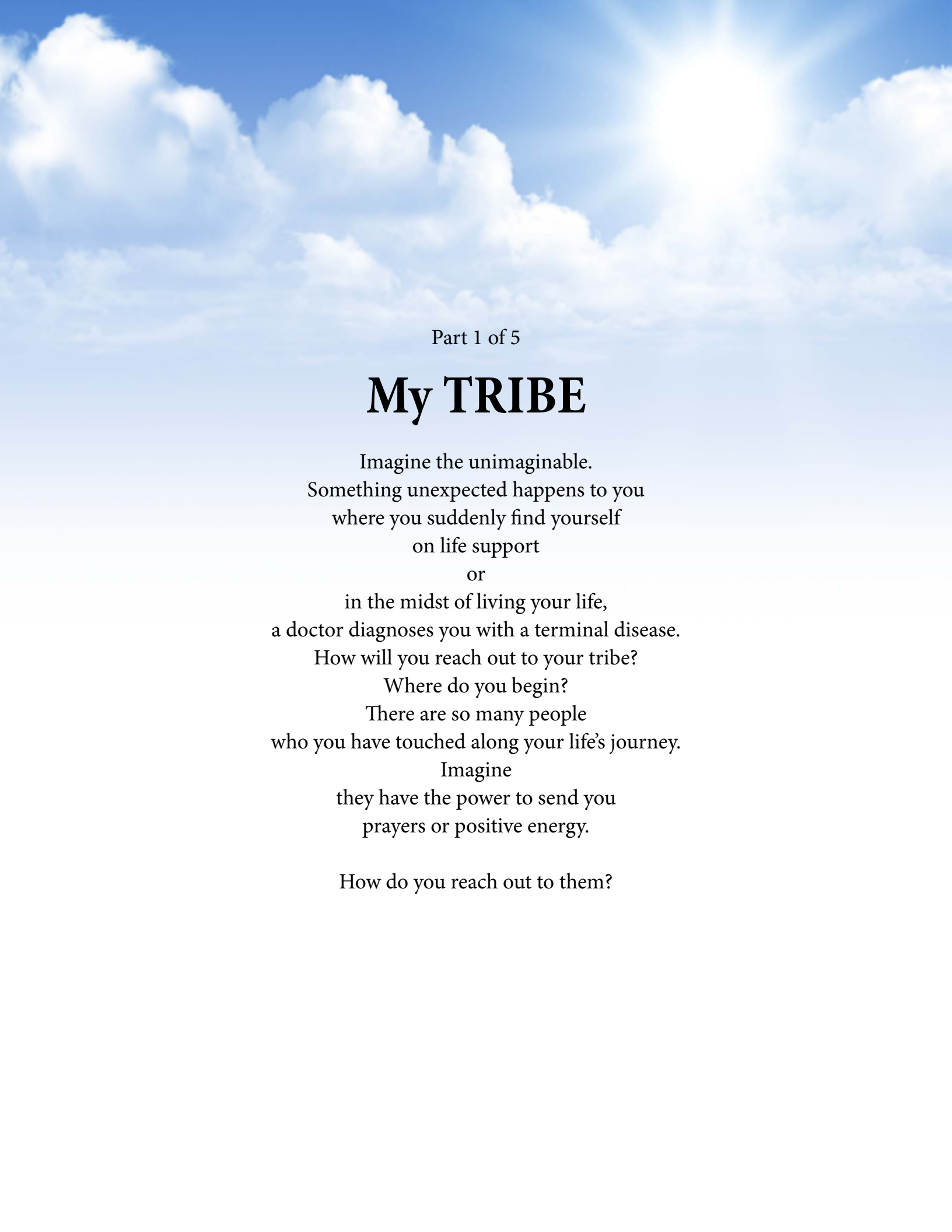
T:	Tribe	Pages 2 - 12
A:	Affirm & Amend	Pages 13 - 20
B:	Beliefs	Pages 21 - 26
L:	Legacy	Pages 27 - 32
E:	Environment	Pages 33 - 40



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Part 1 of 5

# My TRIBE

Imagine the unimaginable.  
Something unexpected happens to you  
where you suddenly find yourself  
on life support

or

in the midst of living your life,  
a doctor diagnoses you with a terminal disease.

How will you reach out to your tribe?

Where do you begin?

There are so many people  
who you have touched along your life's journey.

Imagine  
they have the power to send you  
prayers or positive energy.

How do you reach out to them?

# Tribe: My Family

List the family member(s) you wish to contact in the event of your illness:

## Maternal Side

Main Contact Person: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Paternal Side

Main Contact Person: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

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# Tribe: My Friends

List the friends(s) you wish to contact in the event of your illness:  
(Remember to consider the various groups of friends you have.)

Main Contact Person: \_\_\_\_\_

How I Know Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

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Main Contact Person: \_\_\_\_\_

How I Know Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

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# Tribe: My Colleagues

List the co-workers(s) you wish to contact in the event of your illness:  
(Remember to consider ALL of your clients, companies and/or workplaces past and present.)

Main Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

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Main Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

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# Tribe: My Place of Worship or Cultural Community

List the members of your congregation you wish to contact in the event of your illness:

Main Contact Person: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

Sub-Prayer Group: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

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Main Contact Person: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

Sub-Prayer Group: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

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# Tribe: My Organizations or Networking Groups

List the person(s) you wish to contact in the event of your illness:

Main Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

Sub-Committee Group: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

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Main Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

Sub-Committee Group: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

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# Tribe: Recreational, Sports or Hobby Groups

List the person(s) you wish to contact in the event of your illness:

Main Contact Person: \_\_\_\_\_

Team/Group: \_\_\_\_\_

Sub-Committee Group: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

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Main Contact Person: \_\_\_\_\_

Team/Group: \_\_\_\_\_

Sub-Committee Group: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

List of people to be contacted by above named person:

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# Tribe: Health Event Management Website

If you have been diagnosed with an illness, consider adopting an online space where you can connect, share news, and receive support. Health management websites act as your very own health social network, coming together on your personalized website. Most of these websites operate off the generosity of financial donations, so they are available 24/7 to anyone, anywhere, at no cost.

Soul Sitters recommends the following websites to help you manage your health event:

**Caring Bridge:** [www.caringbridge.org](http://www.caringbridge.org)

**Care Pages:** [www.carepages.com](http://www.carepages.com)

**My Life Line:** [www.mylifeline.org](http://www.mylifeline.org)

**Post Hope:** [www.posthope.com](http://www.posthope.com)

**What Matters Now:** [www.whatmattersnow.org](http://www.whatmattersnow.org)

My preferred Health Management Website is: \_\_\_\_\_

# Tribe: Social Media

List the person(s) you wish to contact in the event of your illness:

## Twitter

Name listed as: \_\_\_\_\_

Login: \_\_\_\_\_ Password: \_\_\_\_\_

## Facebook

Name listed as: \_\_\_\_\_

Login: \_\_\_\_\_ Password: \_\_\_\_\_

## LinkedIn

Name listed as: \_\_\_\_\_

Login: \_\_\_\_\_ Password: \_\_\_\_\_

## Four Square

Name listed as: \_\_\_\_\_

Login: \_\_\_\_\_ Password: \_\_\_\_\_

## Google Plus

Name listed as: \_\_\_\_\_

Login: \_\_\_\_\_ Password: \_\_\_\_\_

## Other:

Site Name / Your Name listed as: \_\_\_\_\_

Login: \_\_\_\_\_ Password: \_\_\_\_\_

## Other:

Site Name / Your Name listed as: \_\_\_\_\_

Login: \_\_\_\_\_ Password: \_\_\_\_\_

# Tribe: Instructions for your Soul Sitters

1. Based on how you lived your life, how do you want to leave it? (circle as many as wanted)
  - ☐ Social. I was the life of the party and I want to say goodbye with a big party.
  - ☐ Adventurous. I want to travel as much as I can until I am bed ridden.
  - ☐ Naturalist. I want to be surrounded by nature as much as possible.
  - ☐ Animal Lover. I need to be surrounded by my favorite pets and animals.
  - ☐ Family. I need my family around at all times.
  - ☐ Private. I prefer a very private, quiet time surrounded by only close, key people.
  - ☐ Religious. I want my church family very involved.
  - ☐ Quiet. I prefer a peaceful goodbye, surrounded by quiet, thoughtful meditation.
  - ☐ Academic. Surround me with my favorite books or audio books.
  - ☐ Musical. Surround me with my favorite music, live or recorded.
  - ☐ Alone. I prefer to be left by myself. No visitors. No fanfare.
2. List any people whom you have not seen in quite some time (perhaps live outside your immediate geographical area) that you would like to see before you depart your life?  

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3. In your final days, would you like:
  - ☐ a private gathering of just family
  - ☐ an open house of close friends and family
  - ☐ a celebration of constant people
4. Is there a conversation you do not wish to have with any family members (past conflicts, political or religious differences, financial, what's in the will, etc.)  

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5. Based upon your life experience with your family, what you would like to happen as they interact with each other during this time? State your desires here and be crystal clear. (For example, set aside the past or act politely and regard each other with respect.)  

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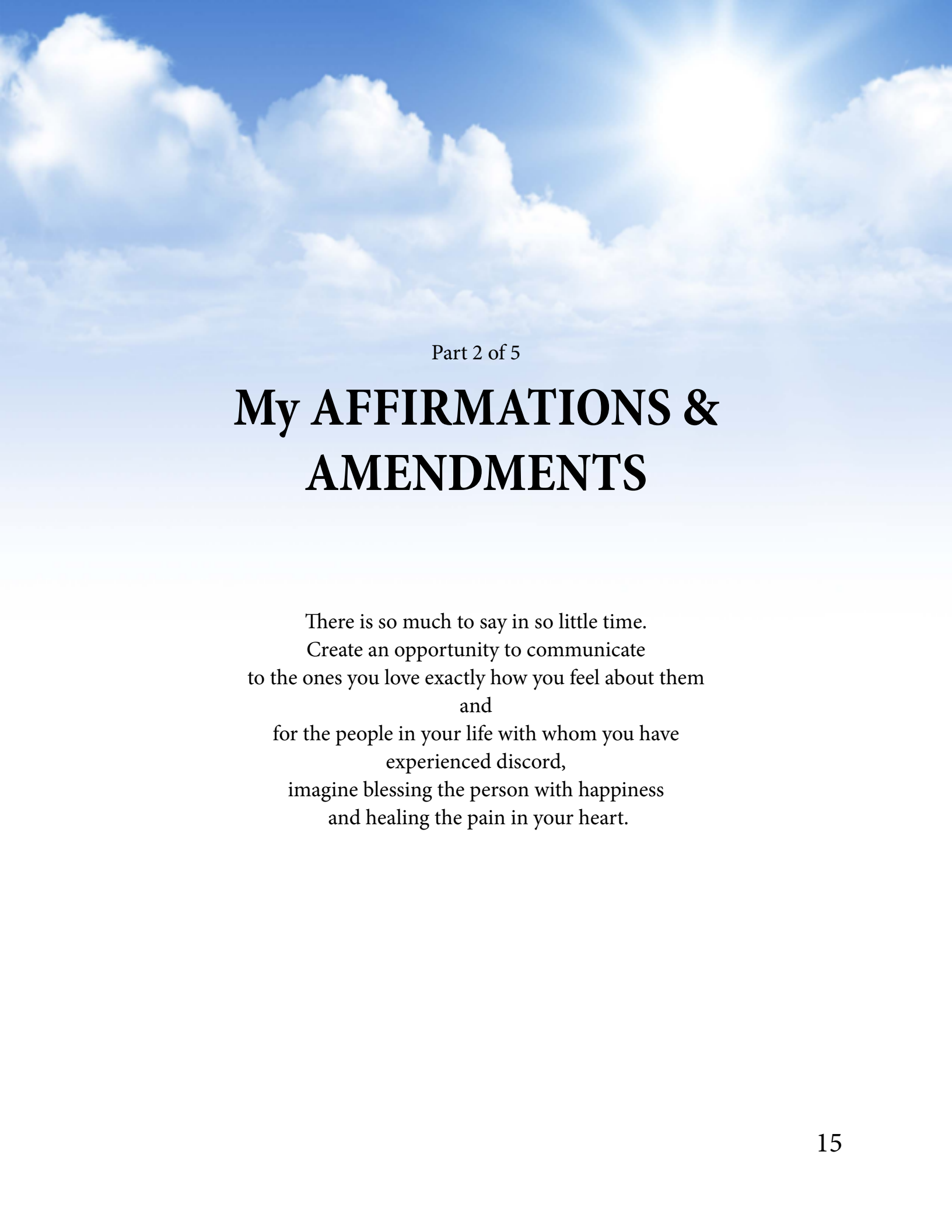
# Tribe: Soul Sitter Assignments

Soul Sitter assignments are an opportunity to have the person most suited to the task share in my responsibilities.

- a. Comfort: \_\_\_\_\_
  - i. Physical \_\_\_\_\_
  - ii. Emotional \_\_\_\_\_
  - iii. Mental \_\_\_\_\_
- b. Finances: \_\_\_\_\_
  - i. Bill paying \_\_\_\_\_
  - ii. Essential buying \_\_\_\_\_
- c. Medical: \_\_\_\_\_
  - i. Doctor appointments \_\_\_\_\_
  - ii. Prescriptions \_\_\_\_\_
  - iii. Dispensing medications \_\_\_\_\_
  - iv. Hospice Liaison \_\_\_\_\_
- d. Legal: \_\_\_\_\_
- e. Household chores: \_\_\_\_\_
  - i. Laundry \_\_\_\_\_
  - ii. Housekeeping \_\_\_\_\_
  - iii. Pet Care \_\_\_\_\_
  - iv. Meal Preparation \_\_\_\_\_
- f. Funeral, Celebration of Life, Memorial Service (FCLMS):
  - i. Preparations \_\_\_\_\_
  - ii. Legal Consult \_\_\_\_\_
  - iii. Reception \_\_\_\_\_







Part 2 of 5

# **My AFFIRMATIONS & AMENDMENTS**

There is so much to say in so little time.  
Create an opportunity to communicate  
to the ones you love exactly how you feel about them  
and  
for the people in your life with whom you have  
experienced discord,  
imagine blessing the person with happiness  
and healing the pain in your heart.

# Affirm: The G.I.F.T.

When you don't know how to tell someone how much they mean to you, try filling in the blanks of this easy G.I.F.T. Formula:

## **G: Giggle**

I giggle when I think of the time when we:

## **I: Intention**

My thoughtful intention for you is:

## **F: Favorite**

My favorite part of you is:

## **T: Thank**

I want to specifically thank you for:

# Affirm: The MATSON Model

Michelle Matson was an amazing soul who lived gracefully with an aggressive form of lymphoma and brain cancer. On November 3, 2011, the day before she was scheduled for a craniotomy to remove a tumor, she reached out to her friends and supporters with a simple yet poignant email.

*In case I am unable to communicate afterwards, I wanted to share once again something from my first updates: When I was first diagnosed, I asked myself three questions (in addition to bigger questions of personal spirituality) about how I have lived my life:*

- 1. Do all the people I love know that I love them? I hope you know that I do love you very much and have been honored to have you in my life.*
- 2. Have I tried to be a good person (even if I screw up a lot, do I try to forgive myself, and fix it the next time)? I cannot judge my success, but I have tried.*
- 3. Have I contributed? This is also a question I cannot answer, but I have worked to be a real help in my career and in my life and relationships.*

*If the answers to these questions are 'yes' then I have lived my life well. I believe I have done my best to make those answers 'yeses.' This doesn't mean I want to die, it just means that I am at peace with my life. I have been fortunate to have had many adventures between birding, scuba diving, and traveling on the US Shooting team; however all of that is minor compared to the people in my life. You have been a wonderful friend to me. Thank you for giving me that. I have been blessed to have been part of your life.*

Michelle is the perfect example of soul reflection with grace and humility. The simple questions she posed to herself are universal. This reflection exercise is made available for your personal meditation:

1. Do all the people I love know that I love them?
2. Have I tried to be a good person?  
(Even if I screw up a lot, do I try to forgive myself, and fix it the next time? )
3. Have I contributed?

# Affirm: The Wisdom Log

“Wisdom is knowing the right path to take... Integrity is taking it.”

M.H. McKee

This Wisdom Log is designed to help you become aware of what you have learned from the people in your life either through their example of what to do or what not to do.

Complete the phrase: My experience with \_\_\_\_\_ taught me the wisdom to\_\_\_\_\_.

My experience with...

*Sample: my parents, school, politics, earning a living, God, friends, the environment, neighbors, co-workers, pop-culture, animals, children, art, movies, books, sports, etc.*

taught me the wisdom to....

*Sample: be patient, to be kind, to make wise use of my money, value my body, laugh more, love my family...*

# Affirm: Letter to the Future Generations

In the event I will never have the honor to meet you, I want to share my wish  
for you and your life.

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# Affirm: Messages to My Younger Self

These are the lessons I learned at different times of my life. Because time has all the answers, may I reflect on the advice I would give to my younger self and pass it onto future generations?

When I was 1-10

When I was 11-20

When I was 21-30

30 on forward

# Amend: The Bridge

Loving steps to attempt a sincere reconnection.

Dear \_\_\_\_\_ ,

I willingly acknowledge and take responsibility for my participation in the upset between us. I also acknowledge the past cannot be undone, but it is my deepest desire to make this right between us. If you can find it in your heart, please forgive me for the part I played in our discord.

Our experience taught me:

I want to share how you have been a blessing in my life:







Part 3 of 5

# My BELIEFS

How you have chosen to serve your life  
in dedication to your cultural or religious beliefs  
is a primary value  
that should be honored at your exit.

This portion of the Passage Plan gives you the freedom  
to express your last wishes before and after you die  
with the opportunity  
to prepare your own Celebration of Life.

# Beliefs: Your Faith & Cultural Support

1. Is there a religion you observe? If so, which one? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Is there a member of the clergy/elder that you want to visit you during your illness?  
(Specific name) \_\_\_\_\_
3. List your regular place of worship where you attend: \_\_\_\_\_  
\_\_\_\_\_
4. Any cultural traditions/rituals you want to have performed before you pass?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Any specific cultural items you want present in your space? (i.e. Crucifix, Buddhist altar,  
Turkish evil eye, lamp and/or incense) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Any specific religious/cultural reading material you want to have available to you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. List the person(s) who you want to read this material to you in the event you can't read it  
yourself. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. After I am gone, I want my friends and family to remember me fondly everytime they  
see this symbol: (a rainbow, a butterfly, a sand dollar on the beach)  
\_\_\_\_\_

# Beliefs: Planning your FCLMS

This is your opportunity to play a part in your own funeral/celebration of life or memorial service , (FCLMS) if you choose to have one.

1. What outfit do you want to be buried/cremated in?

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2. Have you decided how you want your body handled after your death?

- ☐ Cremation
- ☐ Burial
- ☐ Donate body to science
- ☐ Green Funeral, no casket

Other: \_\_\_\_\_

3. Have you chosen a funeral home for final arrangements? If yes, where:

---

4. Have you designated a place of Interment? (please list the site)

- ☐ In a casket buried in the ground at \_\_\_\_\_
- ☐ In a casket placed in a mausoleum/crypt at \_\_\_\_\_
- ☐ In an urn buried in the ground at \_\_\_\_\_
- ☐ In an urn to be bequeathed to a specific person \_\_\_\_\_
- ☐ In an urn until scattered at my favorite place \_\_\_\_\_
- ☐ As a green burial in a green cemetery \_\_\_\_\_

5. Where would you like your (FCLMS) performed?

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6. (FCLMS) options

- ☐ Memorial Service only, no remains present
- ☐ Funeral, no open casket
- ☐ Funeral with open casket
- ☐ Rosary/Wake the eve of the funeral
- ☐ Visitation

# Beliefs: Planning your FCLMS

7. Who would you like to be the Celebrant: \_\_\_\_\_  
\_\_\_\_\_
8. If you are having a casket present, who would you like to be your six pall bearers?  
\_\_\_\_\_  
\_\_\_\_\_
9. If you choose to be buried in a casket, what do you want the casket to look like?  
☐ Rich Wood Grain   ☐ Metallic finish   ☐ Simple Pine Box   ☐ Other: \_\_\_\_\_
10. If you choose to be interred in an urn, what do you want the vessel to look like?  
☐ Wood Box   ☐ Metal Vessel   ☐ Porcelain Container   ☐ Other: \_\_\_\_\_
11. Are there specific songs you would like to be played at your memorial?  
\_\_\_\_\_  
\_\_\_\_\_
12. If you are having live music, who would you like to perform and what song(s)?  
\_\_\_\_\_  
\_\_\_\_\_
13. Which specific poems, bible verses and/or literature would you like to have read at your memorial? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Who would you like to read these passages? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Who do you want to deliver your Eulogy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Beliefs: Planning your FCLMS

15. In addition to your eulogy, do you want to have a personal message from your ("My-logy") read during the service?  
☐ Yes ☐ No
16. Would you like your My-logy delivered via:  
☐ Read from your text ☐ Pre Recorded Audio ☐ Video Taped
17. Who do you want to deliver or introduce your My-logy? \_\_\_\_\_  
\_\_\_\_\_
18. Would you like to have a symbolic release ceremony to include:  
☐ Butterflies ☐ Doves ☐ Balloons Other: \_\_\_\_\_
19. What personal items would you like present at your Memory table?  
\_\_\_\_\_  
\_\_\_\_\_
20. If you were able to give your FCLMS a tone, what would it be?  
☐ Religious, according to my specific custom  
☐ Culturally rich, with rituals according to my heritage  
☐ Light hearted fun; a true celebration of life  
☐ Quiet and simple, with family and close friends only
21. If you were able to give your FCLMS a theme, what would it be?  
☐ Focus on family and the times we shared together  
☐ Pay homage to my favorite sports team or pastime  
☐ Super casual; Tropical or Picnic themed  
☐ Other: \_\_\_\_\_
22. Is there a token of remembrance you would like all your guests at your FCLMS to have as a memory that represents you?  
☐ Prayer or Poem Card ☐ Garden/bird seeds ☐ Coin/heart token  
☐ Candle ☐ Flower/lei ☐ Other: \_\_\_\_\_

# Beliefs: My-logy (My Eulogy)

1. Recall your own memories:  
Reflect on the relationships you have had in your life. Things you did with loved ones, humorous or touching memories, and what you will miss the most might be things you decide to share.
2. State your history:
  - a. Your age/date of birth
  - b. Family and other close relationships
  - c. Education/work/career
  - d. Hobbies or special interests
  - e. Places I've lived
  - f. Special accomplishments
3. Share your wisdom and final message of goodbye:









Part 4 of 5

# My LEGACY

This component of the Passage Plan is the opportunity for you to leave a lasting impression on this planet.

This is not just about the possessions you  
bequeath in a will,  
but the mark of integrity and love  
poured onto the people left behind.

If you have never given any thought  
to the impact and influence you pass on,  
here are some tools that can help you organize your legacy.

# Legacy: My Contribution

1. I am most proud of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. After you are gone, what do you want people to say about you and your contribution to your community? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If money were no object, what kind of physical/sustainable contribution would you want to leave behind?  
\_\_\_\_\_  
\_\_\_\_\_
4. I would most like to be known for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. List any charity(s) close to your heart to which you want donations made in your name:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you have a written history, family tree or photo albums that you want to share?  
\_\_\_\_\_

# Legacy: My Contribution

7. Where are said possessions stored? \_\_\_\_\_  
\_\_\_\_\_
8. Who has permission to access said possessions? \_\_\_\_\_  
\_\_\_\_\_
9. Do you have an oral history that you would like to dictate and transcribe?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Is there someone you specifically want to dictate your oral history to? \_\_\_\_\_  
\_\_\_\_\_
11. What group of people would most benefit from your history? Is there a group or organization that should have a copy of your history? \_\_\_\_\_  
\_\_\_\_\_
12. Are there any original artwork, music, writings or invention that you would like to pass on?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Is there a specific community that you want to benefit from these original contributions?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Legacy: My Body

This component of the Passage Plan Table is the opportunity for one to give the gift of life for another human being

15. Have you talked to your loved ones about Organ Donation? \_\_\_\_\_
16. Are you open to donating your organs? \_\_\_\_\_
17. If you are a candidate, would you like to be considered for organ donation? \_\_\_\_\_
18. Are there specific parts of your body that you want/do not want to donate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
19. Have you considered donating your body to science? \_\_\_\_\_
20. If yes, which teaching hospital do you want to receive your body? \_\_\_\_\_  
\_\_\_\_\_

If organ donation is of interest to you, contact your estate attorney to provide the proper documentation and specifics. For more information about organ donation visit [www.organdonor.gov](http://www.organdonor.gov)

And if you feel you would be open to organ donation and would like to pass along a message to the donor family, please see the next page for Letter to My Donor Family.

# Legacy: Letter to My Donor Family

Since I will never have the honor to meet you, I want to share this message with you.

# My Dream Legacy

Whether or not you have any money to give away after your death, we encourage you to play along with this dream exercise and imagine how you can change the world.

If I had a hundred million dollars to give away after my death, I would share it with this organization because I believe in its mission to:

The lasting impact I hope to make with this donation is:









Part 5 of 5

# **My ENVIRONMENT**

The Bon-Voyage of your life deserves a comforting  
physical space of love and respect.

Today you have the power to give voice to your wishes  
for the time when you may be too weak to speak.

May your intentions expressed today on these pages  
serve you in your time of need.

Your thoughtful planning now  
will provide loving comfort for you and  
your friends and family as they facilitate your final wishes.

# Environment: Patient Placement

If you are faced with a terminal illness and you have a choice of where you want to live out your days, what physical resources do you want available to you?

What would your ideal environment look like if you could custom design it?

1. If you have been given a terminal diagnosis with days, weeks or months to live, where do you want to be placed to live out your time?
  - ☐ My home is my first choice
  - ☐ I prefer to be in the home of a loved one
  - ☐ I prefer to be alone, in a hospital or other facility.
  - ☐ Other: \_\_\_\_\_
  
2. If you answered that you want to live with a loved one, list the name of friend or family member: \_\_\_\_\_
  
3. Do you prefer to be in a hospital or Hospice facility?
  - ☐ A hospital facility is my first choice
  - ☐ A Hospice facility is my first choice
  - ☐ I prefer to be in an assisted living facility
  - ☐ I would want to be in a facility only if my family couldn't take care of me
  
4. If you are brought home, or to a family member's home, to live your last days, where would you prefer your hospital bed to be placed?
  - ☐ In a common area of the home, like a living room
  - ☐ In a private room
  
5. If someone wanted to bring you plants or flowers as a gesture, please list your favorite type:  
\_\_\_\_\_  
\_\_\_\_\_

# Environment: Patient Comfort

If you are faced with a terminal illness and you have a choice of where you want to live out your days, what physical resources do you want available to you?

What would be your ideal, custom-designed environment?

## Crafts

List any crafting tools that you would like to have access to: (knitting needles or paint brushes)

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## Stuffed Animal/Toy or Doll

List any items that you would like to have access to:

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## Computer

Will you want access to a computer? ☐ Yes ☐ No

If yes: What type of computer will you want access to? (IPad, laptop) \_\_\_\_\_

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What software programs will you want access to? \_\_\_\_\_

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## Journaling tools

If you would like to journal or write a letter, what format will you want to use?

☐ Computer ☐ Stationery & Pen

Do you want to access to old journals or diaries? ☐ Yes ☐ No

If yes, who do you trust to get them for you? \_\_\_\_\_

What would you like to have done with your journals after your death?

☐ Send my journals to: \_\_\_\_\_

☐ I would appreciate my journals NOT be read by anyone.

☐ Please destroy them after my death

I trust this person (\_\_\_\_\_) to destroy my journals.

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www.soulsitters.com & www.MyPassagePlan.com info@soulsitters.com

# Environment: Patient Comfort

## Books

List any books you would like access to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Radio

List any specific programs you listen to on a regular basis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Music Collection

List your personal music collection that you would like to have access to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any music you do not own but you would like to have access to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Snacks, Sweets & Libations

List your favorite snacks, sweets or libations (may include alcohol) that you would like to have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Environment: Patient Comfort

## Wardrobe

What comfortable clothing would you like to wear to bed?

- |  |   |
|--|---|
| <input type="checkbox"/> Button down pajamas | <input type="checkbox"/> Long sleeve pajama |
| <input type="checkbox"/> Short sleeve pajama | <input type="checkbox"/> Gown               |
| <input type="checkbox"/> Other: _____        |   |

What fabrics do you prefer?

- ☐ Cotton   ☐ Flannel   ☐ Fleece   ☐ Silk   ☐ Dri-weave   ☐ Other: \_\_\_\_\_

Do you like to wear socks?

- ☐ Yes   ☐ No

If yes, what kind? \_\_\_\_\_

Do you like to wear slippers?

- ☐ Yes   ☐ No

If yes, what kind? \_\_\_\_\_

Is there a sentimental item of clothing that you want to have access to?

- ☐ Yes   ☐ No

If yes, please identify \_\_\_\_\_

Is there a sentimental piece of jewelry that you want to be wearing?

- ☐ Yes   ☐ No

If yes, please identify:

- ☐ Ring   ☐ Necklace   ☐ Bracelet   ☐ Watch   ☐ Earrings

☐ Other: \_\_\_\_\_

# Environment: Audio Atmosphere

If you were deemed unconscious, what atmospheric elements  
would you want your mind to listen to?

## Music

List any favorite music that you would like to have playing in the room: \_\_\_\_\_

\_\_\_\_\_

## Books

List any beloved books you would want read to you: \_\_\_\_\_

\_\_\_\_\_

If available, who would you want to read it to you? \_\_\_\_\_

\_\_\_\_\_

## Religious Materials

List any specific materials you want read to you: \_\_\_\_\_

\_\_\_\_\_

## Television Programs

List any favorite programs you would enjoy hearing: \_\_\_\_\_

\_\_\_\_\_

## Movies

List any favorite movies that you may want to experience subconsciously: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Environment: Fragrant Atmosphere

If you were deemed unconscious, what atmospheric elements  
would you want your subconscious to smell?

**SCENTS:** List any fragrances that you would like present in your room:

## FLOWERS

☐ Rose                      ☐ Gardenia                      ☐ Lilac                      ☐ Freesia                      ☐ Lily

Other: \_\_\_\_\_

## FOOD

☐ Garlic Tomato Sauce    ☐ Chocolate Chip Cookies                      ☐ Fresh Bread

Other: \_\_\_\_\_

## FRAGRANCE

☐ Perfume                      ☐ Cologne                      ☐ Soap                      ☐ Room Freshener

Identify specific kind: \_\_\_\_\_

## HERBS & SPICES

☐ Rosemary                      ☐ Cinnamon                      ☐ Mint                      ☐ Curry                      ☐ Vanilla

Other: \_\_\_\_\_

## NATURE

☐ Eucalyptus                      ☐ Ocean Air                      ☐ Pine/Fir                      ☐ Cedar                      ☐ Citrus

Other: \_\_\_\_\_

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# Environment: Decisions of Dignity

One of the most delicate and awkward conversations you might want to avoid is this area of personal grooming. The necessity of this dialogue can be addressed with your specific wishes listed below.

## URINARY OR BOWEL INCONTINENCE:

- ☐ I prefer a medical professional tend to my intimate needs
  - ☐ I request my family members not be involved in this intimate care
  - ☐ I request only certain family members be involved with my intimate care
- Specifically: \_\_\_\_\_
- \_\_\_\_\_

## BATHING:

- ☐ I prefer a medical professional tend to my intimate needs
  - ☐ I request my family members not be involved in this intimate care
  - ☐ I request only certain family members be involved with my intimate care
- Specifically: \_\_\_\_\_
- \_\_\_\_\_





# Passing On Your Passage Plan

Congratulations, you have completed your Passage Plan. The next and most important step in this process is making sure the right people have a copy. You may consider giving a copy to a close family member such as an adult child, your parent or sibling. You might also consider the law firm that crafted your formal will and/or your primary care doctor. In the instance you may enter Hospice, please pass along your Passage Plan to the lead Social Worker in charge of your case.

I have passed on my Passage Plan to the following people listed below.:

Contact Person: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

# About the Author



Best selling author and pioneering thought-leader, Stacey Canfield empowers those facing the loss of a loved one with guidance and resources that transform a frightening time of life into an experience filled with hope, dignity and love.

Canfield created Soul Sitters to provide a comforting place of community and expert insight for those in need of guidance during a time of life often neglected - before the death of a loved one. Canfield's mission is to raise awareness and help re-define how our culture approaches the subject of death and loss - making sure that people have the tools to help them navigate the grieving and the healing process in time to say a "good" goodbye without regrets.

Canfield is author of "The Soul Sitter Handbook: What to do when a loved one is dying." In addition, she is passionate about pre-death planning and provides a resource for families titled the "Passage Plan".

The creation of The Passage Plan was inspired as she reflected on her own experiences during the final days with her loved ones. Its purpose is to create an opportunity for open dialogue leading up to death and loss in a peaceful and loving way. Canfield's heartfelt workbook is practical and once thoughtfully completed provides peace of mind not only for the dying but for the living as well.

[www.soulsitters.com](http://www.soulsitters.com)

*To order another printed copy of the Passage Plan, please contact:  
[admin@soulsitters.com](mailto:admin@soulsitters.com).*

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