

Spiritual Directive

Name:	DOB:		
Refuge/Bodhisattva/Shambhala Name(s):			
Name & contact info of Health Care Delegate:			
Name & contact info of Executor:			
Where would you like your body to rest for the three days after you die? (circle one)			
Home (or someone else's home – please indicate where if possible)			
Funeral Home (indicate which one)			
Other (please describe)			
Do you want your teachers to be notified? If so, who?			
What kind of practice would you like to be done for you after you die?			
Where would you like to have your service held? (circle one)			
Halifax Shambhala Centre	Home	Funeral Home	
Other (please describe)			
What kind of service would you like to have*? (circle one)		Sukhavati	Shin Kam
Sadhana of Mahamudra	Other (please specify)		
If military, Dorje Kasung contact:			
Preceptor preference: Indicate first choice and alternate			
Funeral coordinator preference: Indicate first choice and alternate			
Offerings: Indicate details for food & drink for shrine, flowers, music			
Reception details:			

If your service will be held at the Halifax Shambhala Centre, please indicate the amount of your donation. \$200-\$1000 recommended:

If arrangements have been made with a funeral home, please indicate contact details:

Indicate wishes for disposal of corpse (circle one) Cremation (where?)

Burial (traditional or green?) (where?)

Other (specify)

If cremated, where would you like your ashes scattered, buried or kept?

Indicate any other wishes or preferences:

Signature:

Date: