|  |  |
| --- | --- |
|  |  |

EXPRESSION OF GUIDANCE

TO

*CHEVRA KAVOD HAMET* of ADATH JESHURUN CONGREGATION

Minnetonka, MN

This document is a guide for family and friends. It is not a binding agreement and may be amended from time-to-time or revoked.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please TYPE or PRINT clearly the name of the person who is to be served by the Chevra Kavod Hamet*

The Rabbis, Cantor, Executive Director or synagogue staff should notify the *Chevra Kavod Hamet* (CKH) that the family wishes to have the deceased honored with the services of CKH.

IT IS MOST HELPFUL to surviving family if a cemetery lot has been purchased in advance.

WHEN DEATH APPEARS IMMINENT, the family is urged to notify the Rabbi or a representative of CKH so they can guide you during this difficult time. This would also enable the clergy to assist in reciting the Vidui, the prayer that is traditionally recited when a person is nearing death, and they can provide instructions for contacting the funeral home directly in the event that the death occurs between 11:30 p.m. and 6:30 a.m.

AS SOON AS POSSIBLE AFTER THE DEATH, the Rabbi or a CKH representative should be called so they can support the family in making arrangements. The Rabbi or a CKH representative will then contact the family immediately and begin assisting them in making funeral and burial arrangements.

THE CKH AGREES to honor the deceased with the following services to the family: 1) We will arrange for the funeral director, who will effect all transfers of the *met/metah* (male/female deceased); 2) Our *Chevra Kadisha* will perform *tahara* (ritual purification); 3) We will provide the *tachrichim* (burial garments and shroud); 4) We will provide the traditional wood *aron* (casket); 5) If needed, we will help the family make arrangements for the synagogue, chapel, and/or graveside services; 6) We will assist in arranging transportation for the immediate family, if needed, for the day of the funeral; 7) We will advise the family, if necessary, on the purchase of a cemetery lot; and 8) Adath clergy and CKH representatives will be available to the family to provide support and to answer questions throughout the mourning process.

THE FAMILY AGREES to these traditional Jewish practices: 1) The *met/metah* will be prepared for burial through the traditional process of *tahara* by members of the congregation who are constituted as a *Chevra Kadisha* (Sacred Society); 2) *Tahara* shall be a traditional washing of the body, and also following traditional practices, the *met/metah* shall not be embalmed or cosmetized; 3) The *Chevra Kadisha* will dress the *met/metah* in the traditional Jewish burial garments and shroud called *tachrichim*; 4) Men will be buried with a *tallit* wrapped around them and women may also be buried with a *tallit* upon request, with the *tallit* to be provided by the family or by the *Chevra*; 5) The CKH will provide a plain, but dignified wood *aron* in which the *met/metah* is placed for burial; 6) Once the *met/metah* is placed in the *aron*, he/she will be covered, and the *met/metah* will not be disturbed or viewed; 7) To the extent possible, from the time the *met/metah* arrives at the funeral home until transported to the funeral service, the traditional practice of *shmira* (guarding the *met/metah*) will be done by volunteer *shomrim* (guards). The *Chevra* does the best it can to provide s*homrim* and we appreciate any participation in *shmira* by family and friends of the deceased in addition to our usual volunteers. We may not be able to provide coverage through the night if *shomrim* are not available. The timing of *Shabbat* and holidays may limit the *Chevra's* ability to recruit *shomrim*; 8) The funeral service will be conducted by a clergy member of the congregation at the synagogue, the cemetery chapel, or at graveside in accordance with the wishes of the deceased or family; 9) The interment will be in a Jewish cemetery of the deceased’s or family’s choosing; 10) Before the *Kaddish* is recited, the *aron* will be lowered into the ground and covered by earth; 11) Family and friends of the deceased who wish to take part in the *mitzvah* of burying the *met/metah* will be encouraged to share in this sacred task; 12) Objects of value will not be included in the *aron* or grave; 13) To maintain the simplicity and solemnity of the funeral, all forms of ostentation will be avoided, flowers at the funeral will be limited to a simple spray of flowers, if any, and family and visitors will be encouraged to dress modestly and appropriately at the funeral; and 14) We urge the family to designate a charitable fund for donations to honor the deceased in lieu of flowers.

Although the CKH is an all-volunteer organization of the Adath, certain expenses are incurred in providing these services. THE FAMILY AGREES to reimburse the CKH for the *Chevra* administrative fee and the then-prevailing actual cost(s) to the CKH.

Please complete one copy of the Expression of Guidance for each member of the family who will be honored by the *Chevra* Kavod Hamet upon his/her death and send it to the synagogue office. If requested, the synagogue office staff will duplicate this document and send a copy to you to be kept with your important papers. For further information, contact a Rabbi, the synagogue office, or a member of the CKH.

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

TO GUIDE MY FAMILY

In the event of my death, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, advise my family to call on the Adath Jeshurun *Chevra Kavod Hamet* to handle all necessary arrangements. I have read the list of services on this form provided by the *Chevra Kavod Hamet* and the obligations expected of my family and these conform to my wishes.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Person Preparing This Form | Date |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Witness | Date |