

חברה קדישא
CHEVRA KADISHA
OF SONOMA COUNTY

“To Honor the Dead and Strengthen the Living”

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EXPRESSION OF GUIDANCE

This document is a guide for the family and friends of the deceased. It is not a binding agreement and may be revoked.

In the event of death of _____
Name of person to be served

The Rabbis, synagogue staff, family or funeral director should notify the *Chevra Kadisha* of Sonoma County (CKSC) that the family wishes to have the deceased honored with the services of the CKSC. A CKSC counselor will contact the family immediately and begin assisting them in making funeral and burial arrangements.

Chevra Kadisha of Sonoma County agrees to honor the deceased with the following services without cost to the family: (1) We will work with the funeral director, who will effect all transfers of the body; (2) We will perform *tahara* (purification); (3) We will advise on the purchase of the *aron* (coffin) and instruct the funeral director regarding obtaining the *tachrichim* (burial garment); (4) we will advise regarding arrangements for the synagogue, chapel, and / or graveside services; (5) A CKSC counselor will be available to the family through the period of *shiva*.

The Family agrees to these traditional practices: (1) The *met* (body) will be prepared for burial through the traditional process of *tahara* by members of the CKSC. *Tahara* is washing of the body. The *met* is not embalmed or cosmetized. (2) The CKSC will dress the *met* in the traditional burial garment called *tachrichim*; (3) the family will provide a plain but dignified wood *aron* in which the *met* is placed for burial. No material objects other than specified by the CKSC shall be placed into the *aron*. (4) Once the *met* is placed into the coffin, it will be covered and the body will not be disturbed or viewed; (5) From the completion of *tahara* to the funeral service, the traditional practice of *Shemira* (guarding the *met*) will be done by volunteer *shomrim* (guards) and if possible, by relatives outside of the immediate family of the deceased; (6) The funeral service will be conducted by a Rabbi either at the funeral chapel, the Synagogue or the cemetery in accordance with the wishes of the family; (7) The interment will be in a grave without a vault. Before the *kaddish* is recited, the *aron* will be lowered into the ground and covered by earth. Friends and family of the *met* will be encouraged to share in this sacred task.

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Please complete one copy of the Expression of Guidance for each member of the family who will be honored by the *Chevra Kadisha* of Sonoma County upon his/her death. If applicable, the Synagogue office staff will duplicate this document and send a copy to each person listed, to the Rabbi, keep one for the Synagogue file, and send one to be kept with your important papers. For further information, please call your rabbi, or any member of the *Chevra Kadisha* of Sonoma County.

Enter the names of those family members, friends, and others who will take responsibility for advising the Synagogue or the *Chevra Kadisha* of Sonoma County that the deceased will be honored by the *Chevra Kadisha*.

PLEASE TYPE OR PRINT CLEARLY.

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

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TO GUIDE MY FAMILY

In the event of my death, I _____
advise my family to call on the *Chevra Kadisha* of Sonoma County to
supervise the arrangements of my death and burial. I have read the list of
services on this form provided by the *Chevra Kadisha* of Sonoma County and
the obligations expected of my family and those conform to my wishes.

Signature

Witness

Date