

Home Funerals

Guide & Resources



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CONTENTS

Introduction..... 1

Learn about this resource and the National Home Funeral Alliance.

Planning a Home Funeral..... 7

Some considerations for planning a home funeral and important community care roles.

Building Community..... 40

How to form a community care team to take on the tasks of a home funeral.

Bodycare at Home..... 51

The basics of caring for someone who has died.

Disposition After a Home Funeral..... 102

Options for disposition – the final step in caring for a body – after a home funeral.

Grief and Vigils..... 116

Different approaches to thinking about grief and ways you can care for yourself while you are grieving.

Appendices..... 130

Glossary..... 156





1

Introduction



Learn about this resource
and the National Home Funeral Alliance.



1

Introduction

Section Contents

- A Message from the NHFA Board.....4
- A Note on Language.....6



1

Introduction

A Message from the NHFA Board

Hello Reader,

We would like to welcome you into this guidebook with open arms. This resource has been a true community effort amongst people who believe that community deathcare is something we all have a right to. It is the product of hundreds of hours of time dedicated by board members and volunteers.

In July of 2021, we decided to pause the ongoing activities of the National Home Funeral Alliance as many of our board members suffered from burnout, both pandemic-related and otherwise. At the same time, we knew we wanted to revise our educational materials to become more inclusive: to make them actively anti-racist, queer-affirming, class-conscious, disability-affirming, and trauma-informed. We wanted to acknowledge that not everyone caring for the dying may love that person, ending our use of language like “loved one.” We knew this was going to be deep work that required care and attention.

This book is the product of that care and attention. The purpose of this book is to help folks learn how to care for someone after they have died, whether that be in a private home or living space, a residential care facility, a hospital or other medical setting, a funeral home that allows community involvement, or some other community space.

Please be advised that in these pages, we cover potentially sensitive topics such as infant and traumatic deaths. We include descriptions of after-death bodycare that some may consider graphic, like what to do with excreted fluids and what happens when skin/tissues have been donated prior to handling a deceased individual. We have labeled these pages clearly so that you may skip any topics you do not desire to read about.

We also paid special care to use inclusive language, and made this guidebook as accessible as possible using visual aids and links to outside videos. To fully take advantage of these features, you can consume this PDF digitally, enabling the ability to click on direct links to outside resources. You can also print this book to have with you wherever you may need it.



1

Introduction

Whether using this guidebook to pursue deathcare in your own community or to conduct a home funeral for a family member or someone you know, we hope you will use this resource to pursue community deathcare where you live and promote more education about it. Please note that all of the printable materials created for this book, such as forms and checklists, have been put in the back so you only need to print those pages if you plan to use them.

This is a living document. We welcome feedback on the contents of this guidebook, and we are open to changing things as they come up.

With love,

The 2023 Board of the National Home Funeral Alliance

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1

Introduction

A Note on Language

We want to call attention to the ways that we use certain words throughout our guidebook.

Home: *We acknowledge that not all community deathcare happens in a home.*

Family: *When we refer to family in this resource, we are referring to both biological and chosen family.*

Body: *We may refer to “the person who has died,” the “decedent,” or the “deceased person,” but we often use “body” as a short and concise way to refer to the body of the person who has died. Our intent is not to take away from the once living person’s identity or dehumanize them in any way. We are not referring to the body as an object. They are not just bodies to us, as is made clear in all the ways we advocate for taking great care with them.*

For everything else, we have included a glossary at the back of this guidebook. Words that are bolded indicate that the word is in the glossary.





2

Planning a Home Funeral



Some considerations for planning a home funeral
and important community care roles.



2

Planning a Home Funeral

Section Contents

- Introduction to Planning a Home Funeral.....10
- Why Might Someone Have a Home Funeral?.....12
- Who Is Your Community?.....12
- Who Needs to Be Notified?.....14
- Who Do You Want or Need to Hire?.....16
- What Regulations or Policies Do You Need to Know About?.....20
- What Would the Person Who Has Died Want or Not Want?.....23
- What Rituals Might You Include?.....25
- What If There Isn't a Body?.....27
- When Would You Start Bodycare?.....28
- When Would You Have People Over?.....28

2

Planning a Home Funeral

- When Will the Body Go to Its Place of Final Disposition?.....28
- When Will Bodycare & Time with the Decedent Take Place?.....29
- Where Will the Memorial/Celebration of Life or Other Gatherings Occur?.....30
- Where Can People Visit to Remember the Person Who Has Died?.....31
- How Can Children Be Involved?.....31
- How Can the Body Be Transported?.....34
- How Much Will Things Cost?.....38



2

Planning a Home Funeral

Introduction

You may be planning a **home funeral** for yourself, for a person you will be caring for after they die, or to act in a support role. Planning ahead for a home funeral is highly encouraged. It is important for those desiring a home funeral to make their wishes known in writing, when possible. Sometimes a death occurs with no plans in place, leaving survivors to make do with the information and resources they have. Whether you're planning in advance or need in-the-moment support, this section offers guidance using a why-who-what-where-when-how approach. Below is a simple checklist that captures the big picture:



Home Funeral Checklist

- Plan ahead by completing all legal documents you may need, such as an advance healthcare directive, last will and testament, and declaration of final disposition and funeral wishes. *(See Appendix H: Legal Documents to Have Prepared in a Safe Place)*
- Learn what legal requirements exist for holding a home funeral in your state *(see [NHFA's State Requirements](#) page)*
- Decide what immediate notifications need to be made following a death *(see Appendix F: Checklist of People to Notify After a Death)*
- Decide which professionals you want to hire, if applicable
- Locate any needed legal documents
- Fill out a record of death
- Plan transportation for the body
 - Decide how the body will be transported
 - File and obtain a **burial-transit permit**
- Plan for the disposition
 - Choose a disposition method, such as burial, **cremation**, or **natural organic reduction**

2

Planning a Home Funeral

- Call the disposition provider (funeral home/cemetery/crematory) to arrange/schedule **final disposition** and provide them with any signed authorizations or paperwork
- Make or buy a disposition vessel (e.g. a **shroud**, casket, urn, etc.)
- Plan for home funeral details such as:
 - Gathering community and assigning roles & responsibilities
 - Gathering supplies
 - Preparing the space
 - Caring for the body
 - Inviting guests
 - Including ritual and ceremony
- Plan a memorial/celebration of life, if having one
- Tend to your grief
- Complete additional paperwork/to-dos after the home funeral such as:
 - Obtaining certified copies of the **death certificate**
 - Tending to any outstanding legal and financial matters
(see *Appendix F: Checklist of People to Notify After a Death*)



2

Planning a Home Funeral

Why might someone have a home funeral?

People choose to engage in community deathcare for a variety of reasons, including:

- Because they can; it's their legal right
- To have time to slow down and create space for grieving
- To follow the wishes of the dying and grieving
- Access to more time, privacy, and/or hands-on engagement for a more meaningful experience and support for the grieving process
- To save money by not paying for funeral home services

Who is your community?

Navigating deathcare and grief can be difficult to do alone. Who are the people in your community that you would like to involve, invite, and receive support from?

- Family (biological or chosen)
- Friends
- Children
- Neighbors
- Faith community
- Work colleagues
- Other _____



2

Planning a Home Funeral

Care lists and calendars

It may be helpful to organize your support network and tasks on a “care list” or calendar so you can easily let folks know how to support you when they ask.

Care list items could include:

- Preparing spaces
- Helping with bodycare
- Event planning
- Tending to children or pets
- Preparing or providing meals
- Making phone calls
- Running errands
- Helping with chores



Options for creating a community care list include creating a shareable spreadsheet or document, or using a pre-existing platform like [Lotsa Helping Hands](#), [Meal Train](#), or [CaringBridge](#).

Communicating requests

You may choose to have helpful information and/or a list of requests (e.g. dos and don'ts) posted at the entrance of the home or space. These could be written out, printed on paper or poster board, or handed out on cards/leaflets. Alternatively, you could have someone posted at the entrance to welcome and inform guests of these things as they enter the space. The information or directions presented could be wishes and requests from the **decedent** and/or the mourners, including:

- Requests for removing shoes, silencing cell phones, maintaining a fragrance-free environment, or informing people that fragrances are being used for those with sensitivities

2

Planning a Home Funeral

- Informing guests where the decedent's body is in the home/space so they can be prepared for their encounter, particularly if the body is in a common area and can't be avoided
- Informing guests what the body looks like before **viewing**. For example, alerting folks to:
 - The eyes or mouth being open, as **viewing** bodies in their natural death state may not be commonplace for folks
 - Only a **shrouded** body or small part of the body, such as a hand, being available for **viewing**
- Encouraging or discouraging taking photos
- Encouraging people to be hands on with/touch the body if comfortable doing so, or instructions to not touch the body/certain parts of the body. Instructions to not touch the body may be desired in the presence of wounds, cranial autopsy incisions, and/or heavy **cosmetizing** to cover discoloration to prevent makeup removal
- Requests for things you do/don't want people to say. Some people don't want to hear phrases like "they are in a better place," while others may find comfort in hearing, "they are at peace now"

Who needs to be notified?

In addition to notifying the people in your community, consider which funeral professionals need to be notified of the death and who in your community can help notify them:

- Someone to pronounce the death
- Funeral home (if using)
- Agent of disposition (*see Appendix C: Declaration of Final Disposition*)
- Disposition provider

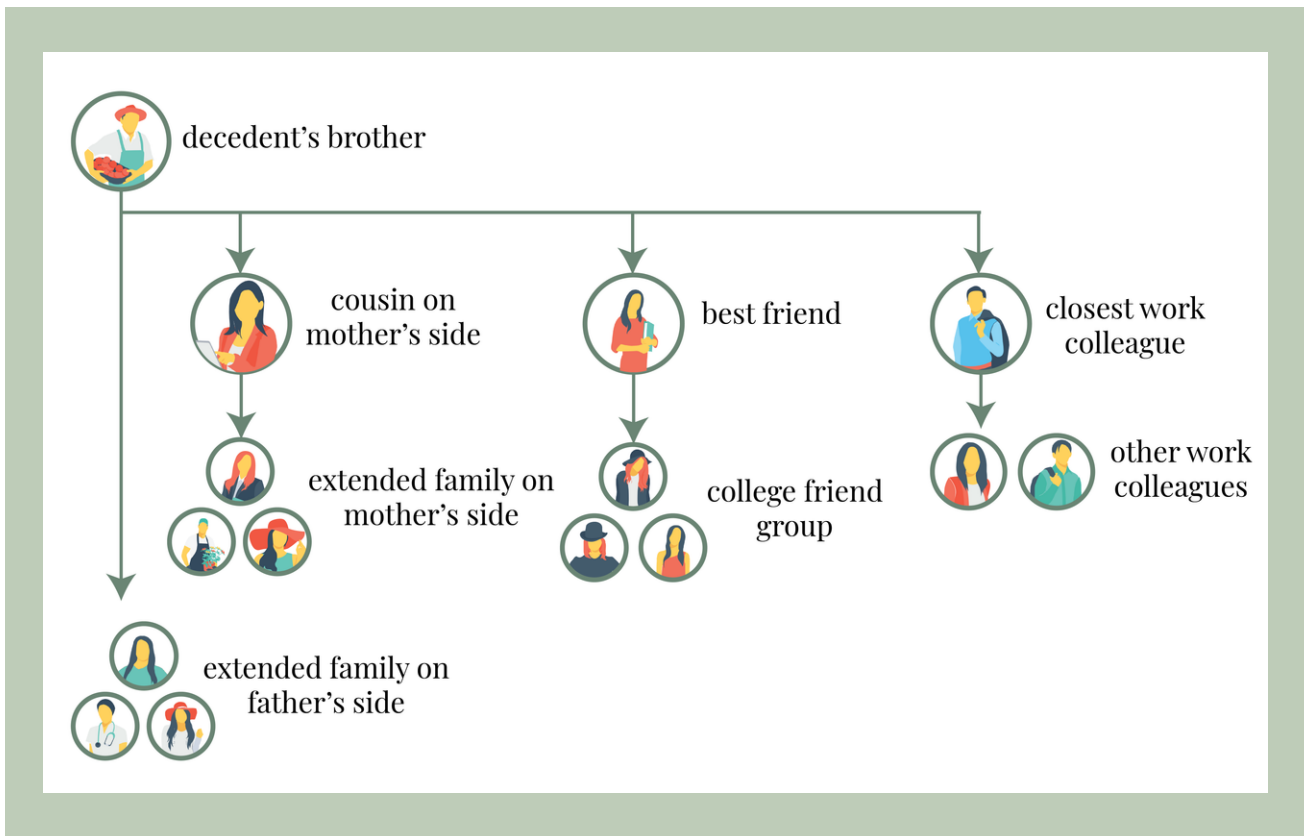
Some notifications, like those listed above, will need to be made before or during a home funeral, while others can wait until after (*see Appendix F: Checklist of People to Notify After A Death*).

2

Planning a Home Funeral

Phone Trees

A phone tree is a method for quickly contacting a large number of people. Each person contacted is responsible for reaching out to a predetermined list of other people. See below for an example of what a possible phone tree could look like.



2

Planning a Home Funeral

Contacting authorities when someone dies

Death is often not an emergency. If an emergency in need of immediate response for life-saving efforts does occur, calling 911 is the correct approach; however, in many cases, it is unnecessary to call 911 when a death occurs. Here are some ways to notify of a death when an emergency is *not* occurring:

- If the person is in hospice, you can call hospice and they will send someone out to pronounce the death. Please note that you don't have to call them right away
- When death occurs via **medical aid in dying (MAID)** or **voluntary stopping of eating and drinking (VSED)**, you can call the medical examiner/coroner directly by looking up the phone number for your county's office (this does not apply to all states)
- In the case of deaths that are non-urgent - meaning there is no need for resuscitation efforts to be made - you can call your local fire chief or non-emergency number. This helps keep 911 lines open for emergencies that do need a response. The non-emergency dispatch will contact an EMT or other official to come out and pronounce the death. Police may arrive if an investigation is needed. You can do an internet search to find your local non-emergency phone number, often by searching your zip code + "non-emergency number"

Who do you want or need to hire?

You may want or need to hire help for a home funeral. It is okay to shop around for providers in your area that are home funeral-friendly.

The type of professionals you hire may include (*continued on next page*):

- **Home funeral guide**
- Funeral director ([some states may require you](#) to hire one)
- Disposition provider
- Clergy

2

Planning a Home Funeral

- Celebrant/officiant
- Musician
- Photographer
- Florist
- Caterer

Finding a Home Funeral-Friendly Funeral Home

The NHFA looks forward to more funeral homes supporting community deathcare. In some states, you may legally have to hire a funeral director to transport the body, file the **death certificate**, or oversee arrangements; however, there are funeral homes that will gladly support your home funeral in whatever additional ways you request. Unfortunately, some funeral homes are more supportive of home funerals than others. There are funeral homes who may be misinformed, uncomfortable with, or who are against the idea of home funerals all together. Some may even claim that you don't have the right to have the body at home. Please know that it is legal in all states to have the body at home after death.

You may have to call around to find a funeral home that supports your rights. You can check our [online directory](#) for home funeral-friendly funeral homes and home funeral guides to narrow down your search. If a facility like a hospital, memory care facility, or medical examiner's office makes you feel rushed to choose a funeral home, know that it is okay to take your time. You can tell them that you won't be made to "enter a contract under duress" and that you are calling around for a supportive provider. If you are in a state that doesn't require the use of a funeral director, you likely don't have to choose a funeral home at all.



What is a home funeral guide?

Home funeral guides support, advise, and educate, and may charge fees for consultation, education, and instruction. Note: they are not funeral directors and cannot charge fees for bodycare or transportation. Home funeral guides provide guidance on:

- Caring for the dead
- Accessing resources
- Navigating laws and policies
- Crafting ceremonies and rituals

2

Planning a Home Funeral

When shopping around, it is best to ask any questions that you have *before* you authorize a funeral home to transport the decedent or take them into their care. Some questions to ask to determine your desire to work with a particular funeral home may include:

- **Do you support our right to have the body at home?**
- **Can you help with single price list items like filing the death certificate, transport, etc.?**
 - What will the fees be?
 - Will we also be charged a basic service fee and, if so, how much is it?
- **If we work with you to have a viewing in our home/space, what price list items will we be charged for?**
- **Do you support us caring for the body ourselves?**
 - Note that even if you care for the body yourself, some funeral homes may have a “home funeral” fee for overseeing/facilitating a home funeral. You can ask what the fee covers so you know what you are paying for, if you choose to hire them. The funeral home may want to have someone come by periodically to check on the state of the body, or may offer to be the one to swap ice out for you, for example. You may be able to negotiate who performs what aspects of bodycare and the costs associated with that professional help. The funeral home may choose not to work with you, though, if you don’t pay their full home funeral fee (the home funeral fee may include the addition of their basic service fee).
- **If you care for the body for us:**
 - Can you care for them in our home/space?
 - Do you provide bodycare as a single line item or do you also charge a basic service fee?
 - What are your fees for these price list items?
- **Do you have time limits for how long we can be with the body?**
 - Some funeral homes will, per their business policy, limit you to 24-48 hours or less with the body at home. These limits may be shorter than your rights under the law. In most cases of funeral home-imposed time limits, the funeral home is concerned about the state of the body without refrigeration after a day or two, and they may want to take the decedent to a refrigeration unit while awaiting **disposition**. In many states, cooling the body with ice is a sufficient alternative to refrigeration.

2

Planning a Home Funeral

If you can't find a funeral home willing to support your home funeral needs, you can ask them if you can do hands-on bodycare yourself in their funeral home. Some funeral homes use off-site, centralized care centers to perform bodycare on decedents from multiple funeral homes. These care centers are often off-limits to everyday people to protect the identities of other decedents. Funeral homes without bodycare spaces might be able to accommodate your request by letting you use their **viewing** room instead.

Understanding Embalming Policies at Funeral Homes

Embalming is a process of temporarily chemically preserving a body. It isn't required by law, except for a few exceptions, including transporting a body across state lines or shipping a body via certain carriers. Some funeral homes may, as a part of their business policy, require embalming for **viewings** in their funeral home or if they agree to support your home funeral. If you desire embalming, or if it is recommended for a reconstruction due to body trauma, for example, these requirements may not pose an issue for you.

Certain **disposition** types, like natural burial or **natural organic reduction** (human composting), require that a person not be embalmed. Know that you don't have to choose between a **viewing** and a desired disposition method. You can have both.

If you don't want embalming, you can:

- Shop around for providers that don't require it
- Choose not to hire a funeral home for home funeral/**viewing** support if you are in a state that doesn't require their services
- Ask if the funeral home is willing to let you sign a release to view an unembalmed body as an alternative



2

Planning a Home Funeral

What regulations or policies do you need to know about?

Does your state or locality have any legal requirements for home funerals where you are? See our [NHFA State Requirements](#) page for more.

If the person who has died is in a facility like a nursing home, inpatient hospice, hospital, or the coroner's office, determine:

- What are the facility's body release policies?
- How might transportation of the body be arranged?

Understanding Internal Body Release Policies At Facilities

One of the biggest barriers to access to home funerals is when facilities have internal policies restricting the release of a body to any entity other than a funeral home. There are some states where a funeral director is required to transport the deceased. In states where that is not the case, it can be confusing and frustrating to be told that a facility won't release the body directly to those who want to exercise their right to transport the body themselves.

In most states, the same "chain of custody" listed in our Declaration of Final Disposition & Funeral Wishes section on page 24 also applies to who controls what happens to a body after death. Hospitals, coroners, funeral directors, etc. are considered temporary custodians when a body is in their care, but they typically don't have rights to keep a body. In fact, most states have legal protections that explicitly state that a funeral home, for example, cannot keep a body/remains or hold them "ransom" for payment.

Some states authorize facilities to enact policies that contradict or supersede the law, while other facilities have no such authority.

2

Planning a Home Funeral

Facilities requiring the release of a body to only a funeral home can present difficulties in several ways, including:

- Restricting the family/appointed agent from exercising their state's rights
- Causing the family/appointed agent to pay a funeral home for transportation, which may be considered forcing someone to "enter a contract under duress" where they are pressured/coerced to do something not required by law
- Causing the family/appointed agent to wait longer to get the body home if the funeral home, or the local transport company they contract with, has long wait times
- Making it difficult to find a home funeral-friendly funeral home willing to transport the body home or to a private location outside of their funeral home. This may result in higher costs for having a **viewing** in the funeral home, having a more limited amount of time with/access to caring for the body, and having less privacy and comfort

So, what can you do?

- Ask the facility's administration or **decendent affairs office** to cite the **statute** under the state law that gives them the permission to have the policy that they do. If your state requires hiring a funeral director for transport, you will need to hire a funeral director
- Whether they can or can't provide a law, you may be able to challenge their reasoning for the policy and involve a social worker, the facility's legal counsel, and/or seek your own legal counsel
- Show them the above list demonstrating the difficulties that their policies create
- Tell them that you plan to file a complaint with your attorney general. The attorney general is responsible for consumer protection and representing the public interest in their state
- If advocating for yourself in the moment is not effective, or it feels too hard to fight, you can choose to care for and spend time with the body at the hospital, and/or hire a funeral home for transport

Some people who have had unfortunate experiences with facility release policies later choose to channel their frustration and grief into advocacy work to get policies changed.

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Planning a Home Funeral

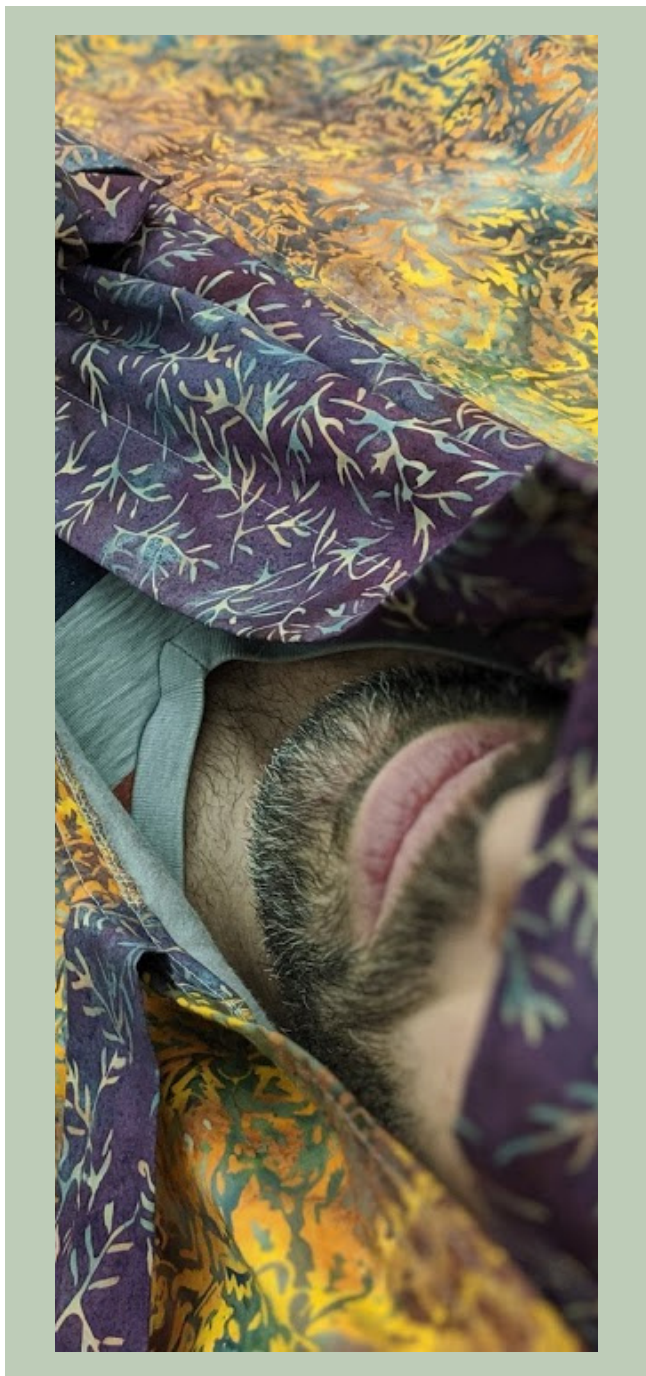


Photo courtesy of Kelly Butler

A note about release forms

Facilities have decedent release forms that must be signed by the family or appointed agent. These forms exist because the facility is only a temporary custodian, and they are required to get permission from the rightful custodian of the body to allow a third party (like a funeral home or transport company) to take the body to another location. This form acts as a permission slip to allow them to release the body to someone other than you; however, the facility could simply release the body to you without a form because you have custody rights and they do not.



2

Planning a Home Funeral

What would the person who has died want or not want?

Did the person who died provide a declaration of funeral wishes, **vigil** plan, or any guidance for what they would want for their home funeral? If not, you may be able to determine their interests on the following items based on what you knew about them:

- Final disposition preference
- A **viewing**
- Clothing, makeup, accessories
- Sights, smells, sounds
- Incorporation of religion

If you are planning for your own home funeral, this is a good time to document your wishes.

Declaration of final disposition & funeral wishes

A Declaration of Final Disposition is a legal document that allows you to designate how you want your body handled after death and the person (known as your appointed agent) who will have the right to oversee those arrangements. This document can cover both the type of **disposition** you want and your desire for a **viewing**, ceremony preferences, etc. The legal authority to make decisions about your body after death will default to the state's grantee unless you have documented your wishes and an appointed agent.



The limits of a health care proxy

Your health care proxy/medical power of attorney has no authority after you die *unless* you grant that authority to them via a **Declaration of Final Disposition**.

It may be referred to in some states as an **Instrument to Control Disposition of Remains** or a **Consent to Carry out Disposition**.

2

Planning a Home Funeral

Though this may vary by state, the typical order of state-appointed authority (often known as the “chain of custody”) is similar to the following:

- Spouse/domestic partner
- Adult children
- Adult grandchildren
- Parents
- Siblings
- Sibling’s adult children
- Grandparents
- Aunts/uncles
- Other blood relatives

When there are multiple children or siblings involved, a majority consensus is usually required. For example, if someone has no spouse and seven surviving children, four or more of them would need to agree to a **cremation**.

A **Declaration of Final Disposition** ensures your right to decide for yourself who you would like to act on your behalf. This document is important if you do not want the state to default to the chain of custody, especially if you do not think your wishes will be respected or honored by folks on that list. You may choose to appoint:

- A partner that you aren’t in a legally recognized marriage/domestic partnership with
- Only one of your children
- A friend, roommate, neighbor, or someone in your faith community

Make sure the person you would like to appoint is comfortable carrying out your wishes and has a copy of the declaration and/or knows where to find it. Keeping the original copy is important, but you can also scan a copy for an appointed agent to save in a secure digital location.

Notarization isn’t required but is recommended. There are two types of notaries. One type requires signing the document in front of the notary, while the other type requires taking the already signed document to be “acknowledged” and for your identity to be verified. We have provided a Declaration of Final Disposition & Funeral Wishes form in Appendix C.

2

Planning a Home Funeral

What rituals might you include?

Rituals are a way to acknowledge, with intention, that a thing has happened or is happening. They are a way of marking beginnings and endings. They are an invitation to slow down and be present in the moment. They can be done alone or in community to create a shared experience. Anything you do can become a ritual; the key is intention. When choosing the kind of ritual you might like to create or engage in, it may help to determine the goal for the ritual/ceremony.

Goals could include:

- Marking the occasion
- Memorializing
- Connecting with others or the **decedent**
- Letting go/saying goodbye/cleansing
- Expressing sorrow/anger/love/gratitude

When planning your ritual or ceremony, consider how you might want to include:

- Your community
- Representations of the person's joys, hobbies, preferences
- The senses (sight, sound, taste, smell, touch)
- The four elements (earth, fire, water, air)
- Other nature elements

Below are a few rituals/ceremony ideas, but this list is by no means exhaustive and we encourage your creativity:

- Building a memory table or altar with photos and/or some of the person's belongings
- A body honoring ritual (see page 101)
- Inviting people to write notes to the person who has died that will be cremated or buried with them
- Decorating a casket or **shroud**

2

Planning a Home Funeral

- Religious or spiritual practices (e.g. readings, prayers, customary acts)
- Non-religious readings, poetry, or musical offerings
- Lighting candles
- Sitting in silence
- Story-sharing
- Call and response
- Letter writing/journaling
- Food making/sharing
- Art or music making
- Creating a collaborative music playlist
- Tree or seed planting
- Thread-tying ceremony (see the A Path Home podcast episode [Farewell to a Gentle Giant](#))



2

Planning a Home Funeral

What if there isn't a body?

There may be situations in which there isn't a body to care for or spend time with, as in cases of donations to science, missing persons, pregnancy loss, severe trauma to the body, or advanced **decomposition**. At other times, folks cannot travel to be with the body of a person who has died.

Below are some ideas for things to do when you can't be with the body:

- Visualize hands-on bodycare of the person. Imagine the steps you would take to care for them as if you were doing it in real life
- Visualize sitting with them and what you would do or say in their presence
- Make/decorate a casket for them and spend time sitting with the casket as if the person was in it
- Wrap pillows or blankets in a **shroud** and sit with the mock body
- Hold on to, touch, or smell something of theirs (like a piece of their clothing) to feel connected to them
- Make or buy an urn to keep as if their **cremains** were in it
- Buy a cemetery plot to symbolically bury them
- Find a special place to go to remember them
- Plan a memorial or celebration of life
- Engage in a ritual (as mentioned in the subsection above)



Imagination is a powerful tool. Research has shown that imagining you are doing something and actually doing that thing stimulate the brain in equal ways.

2

Planning a Home Funeral

When would you start bodycare?

There is no right or wrong time to start bodycare, but do consider factors such as the current state of the body and the help you have available when deciding timing. *See Section 4: Bodycare at Home for more information.*

When would you have people over?

Spending time with the body of a person who has died can greatly benefit the living. The amount of space in the home, how long you plan to keep the body, etc., can all determine who you invite to be with the body and for how long. You may choose to keep the home funeral small and intimate with only close family/community members attending. You could have a larger guest list with an open house-style schedule. Some folks choose both, opting for a portion of time that's more private and intimate, along with a portion of time where the greater community is welcomed.

When will the body go to its place of final disposition?

It can be an intense transitional time when the deceased person leaves the home to make their journey to the location of final **disposition**, as it marks the end of the living's time with the dead. Some people choose to be with the **decedent** for just a few hours after death to clean, bathe, and dress them before they make their way to a crematory or gravesite. Others choose to have a few days with them.

Some states require final disposition to take place within a certain time frame after death, and others may have a minimum wait period before a **cremation** can occur.

There are people who prefer to keep the body home until it can be either personally escorted via self-transport or led through a procession to the crematory. Some decedents and/or their survivors want the body kept at home until the time of disposition for reasons such as a strong preference to keep the deceased from being stored in a refrigerator. Timing disposition to happen immediately following a home funeral may take extra care and coordination with the disposition provider.

2

Planning a Home Funeral

Where will bodycare & time with the decedent take place?

Deciding the physical location (e.g. someone's home or elsewhere in the community) in which the body will be cared for is the first step in determining where bodycare will take place. There may be situations where someone's home or apartment is too small or is otherwise not a good fit for a home funeral. Some people may be uncomfortable with the idea of having the body in their own home, but would like the privacy and intimacy of a home funeral. These folks might be able to ask if someone in their community is willing to open up their home or space. Sometimes, as in the case of divorced parents, folks may seek a neutral third party space like that of a mutual friend or family member.

Section 4: Bodycare at Home covers space, privacy, and temperature considerations when caring for the body as well as tips for caring for the body in a clinic setting.

Below are a few beginning tips for preparing a space for performing bodycare:

- If there is medical equipment in the room, some people prefer to move it or put it away
- Cleaning/decluttering the space can be helpful. This may be a good task to have others help with
 - If you are in a support role, it is important not to move, clean, or throw things away without permission. Tossing a soda can in the trash or washing the lipstick off of a mug may seem harmless, but items that may seem small may have great sentimental value to the grieving. Ask if there is anything that they don't want you to touch or throw away, and consider setting things aside in a bag/box or another room, if unsure
- Consider the atmosphere you would like to achieve in the room and decorate/set the mood in a way that expresses that vision

2

Planning a Home Funeral

Where will the memorial / celebration of life or other gatherings occur?

Some people may have a ceremony while the community is gathered for the home funeral. The ceremony might take place in the living room, backyard, or other community space where the body is being cared for. Others may choose to have a memorial or celebration of life at a later date. You could choose to have a memorial anywhere that feels like a good fit.

A “funeral” is technically a gathering where the body is present, whereas a “memorial” is technically a gathering without the body. You can call your gathering anything you want, though!

Ceremony spaces could include:

- Someone's home
- Community center
- Recreation center
- Place of worship
- Park
- Restaurant
- Art studio
- Music venue

Additional considerations for planning a ceremony may include:

- Hiring an officiant (celebrant/clergy/community member)
- Displaying photo boards/slideshows
- Playing music/reading/prayers
- Inviting eulogists/speakers
- Setting up memory table items
- Creating programs/prayer cards
- Displaying guest book/message cards
- Creating keepsakes/takeaways for guests (treats, recipe cards, seed packets)
- Setting up audio/visual equipment or videography/photography/live streaming
- Hiring vendors (florists, caterers, musicians)



2

Planning a Home Funeral

Where can people visit to remember the person who has died?

It can be meaningful to have a physical place meant for spending intentional time remembering and feeling connected to the person who died. Some people may build an altar or shrine in their home or garden. Others may decide on or create a communal space where anyone can visit. Considerations for determining this type of space can include:

- Will there be a burial site or **columbarium niche** somewhere?
- Is there somewhere they would like their **cremated remains** scattered?
- Is there somewhere they want a tree or flower patch planted, or bench set in their honor?
- Is there somewhere they loved to spend time that others can visit like a museum, music venue, or attraction?

How can children be involved?

Giving children choices about how to be involved in a home funeral can be as important and meaningful to them as it is to the adults in their life. With that being said, it is natural to wonder how much or little to include them. We may think that we are protecting children by not exposing them to what we as adults think is a potentially traumatic situation; however, many children later report feelings of resentment when they aren't allowed to attend funerals.

We can enable children's ability to choose the ways that they want to engage with death and grief. It is helpful to present them with options about how to be involved and to respect their decisions. Forcing them to do something they don't want to do (like see or touch a body) can cause as much harm as not letting them do something that they do want to do.

Below are a few tips on including and supporting children during home funerals.

- Describe what will happen at the home funeral ahead of time:
 - Who will be there?
 - How long will it be?
 - What will they see and hear?
 - How will the body look and feel?

2

Planning a Home Funeral

- Let them know that they might see people expressing a wide range of emotions and that it's normal to feel many different ways
- Use clear language like “they died,” instead of saying things like, “they passed away” or “they went to sleep and didn't wake up”
- Let them ask questions and be honest with them if you don't have answers
- Create a safe getaway space for breaks
- Designate a safe person to talk to or seek support from
- Help them identify what comfort items they might like to carry with them or have in their safe space. This could be a stuffed animal, favorite blanket or pillow, or a favorite toy or fidget item. They can fill a box or basket with comfort items
- Invite them to:
 - Help prepare the space and decorate
 - Help build a memory table or altar
 - Help with hair care, makeup, or nails
 - Help cut a lock of hair or take fingerprints
 - Pick out clothing items or accessories
 - Write a letter to the person who has died or write in a journal
 - Decorate the **shroud** or casket
 - Color or make art
 - Choose a reading or poem to share
 - Make salt dough for hand/foot impressions or to make other memorial items



Salt Dough

2 C. Flour
1 C. Salt
1 C. Water

Directions

- Mix all-purpose flour and salt together. Finely ground salt is best. Pink salt will tint the dough (this doesn't matter if you're painting over it)
- Gradually add warm water until you get a play dough consistency. If it gets tacky, add more flour
- Knead dough until smooth & firm
- Wrap or cover & let rest for 10-20 mins

continued on next page

2

Planning a Home Funeral

- Roll it out and cut out circles, hearts, or make mounds for imprints. Premake a hole if it will be hung like an ornament
- It is a good practice to make more than one imprint in case one cracks while baking
- Baking time varies by thickness of dough and geographic elevation. 2-3 hours at 200-250 degrees fahrenheit is a general range. Dough may turn golden when done, but is often painted or decorated over. Let cool completely before decorating. Air hardening works, though this may take several days
- Paint/decorate. Consider sealing with Mod Podge or another sealant for protection
- You can make a half batch or cut the recipe as needed, although leftover dough can be soothing to play with. Store leftover dough in an airtight bag or container



2

Planning a Home Funeral

How can the body be transported?

There are some states where a funeral director is required to transport the deceased (*for more on this, see the [NHFA State Requirements page](#)*). Outside of those states, you may choose to transport the body yourself.

There are three main situations in which a body may need to be transported:

1. From the Place of Death to a Facility

If the person has died in a location other than where an **autopsy** or organ/tissue donation will be performed, the body will need to be transported to the appropriate facility. In most cases, the donor organization or coroner's office will handle transport from the place of death to the facility using their own personnel and vehicle. This usually happens at no cost to the next-of-kin/appointed agent. In rare cases, self-transport may be an option.

2. From the Place of Death (or Organ/Tissue Donation or Autopsy) to the Location of the Home Funeral

Many facilities (e.g. hospitals, inpatient hospices, memory care facilities, or coroner/medical examiners offices) still do not have a policy for releasing bodies to non-funeral directors. As a result, it is often easiest to be aware ahead of time of what policies do (or don't) exist and who can help you navigate them. If you know in advance what hospital the **decedent** will be cared for in, it is a good idea to call the hospital and ask about their body release policy. For example, if they allow you to take a body home with you, do they require a funeral director to be present?

If they do not have a home funeral-friendly policy, you may want to call around to a few different hospitals in your area to find any that do.

While you usually do not need a permit to transport a body from the place of death to the location of the home funeral, facilities may require a **burial-transit permit** and **death certificate** in order to release the body after an **autopsy**. Requirements vary by state.

2

Planning a Home Funeral

3. From the Home Funeral to the Place of Final Disposition

A **burial-transit permit** may be required when transporting a body to its place of final **disposition** (e.g. a disposition permit doubles as a transit permit in some states). We recommend you print it out and carry it with you at all times during transport.

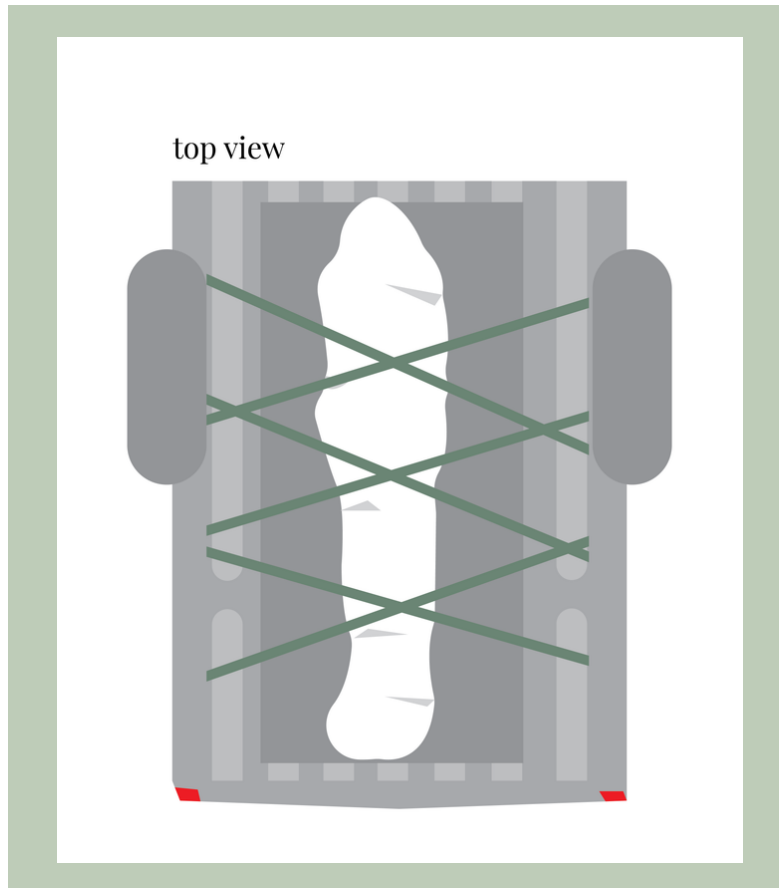
While you have a legal right to transport the body, it is not something many traffic cops are familiar with. As a result, we suggest you ensure your gas tank is full and that your taillights, turn signals, and windshield wipers are all in working order. Do not speed. If you have a long drive, avoid stopping for long periods of time. Additionally, it can be helpful to keep the interior of your vehicle cool by running the air conditioning.

Some logistical considerations for body transportation

- **Appropriate Vehicles**
 - An appropriate vehicle for body transportation is one with about seven feet of space behind the front seats (such as hatchbacks with seats that lay down or are removable). We recommend 4-6 inches more cargo length than the length of the body or casket
 - If using a pickup truck that does not have a cover over the bed, be sure the body is in an enclosed rigid container like a casket
 - It may be difficult to find a rental vehicle company that permits use of their vehicle for body transport purposes. Check the company's policies and plan accordingly
 - If you don't have access to a vehicle sufficient for transport, you can hire help from a home funeral-friendly funeral home
- **Moving the Body during Transport**
 - Most hospitals and morgues will have a wheeled bed, gurney, or cot that you can use to bring the body to your vehicle. Some might only have a stretcher and some might not provide anything. Be sure to ask first and plan accordingly
 - If you are bringing your own stretcher or cot, you will need to transfer the body onto it. You can learn more about transferring a body in *Section 4: Bodycare at Home*

2

Planning a Home Funeral



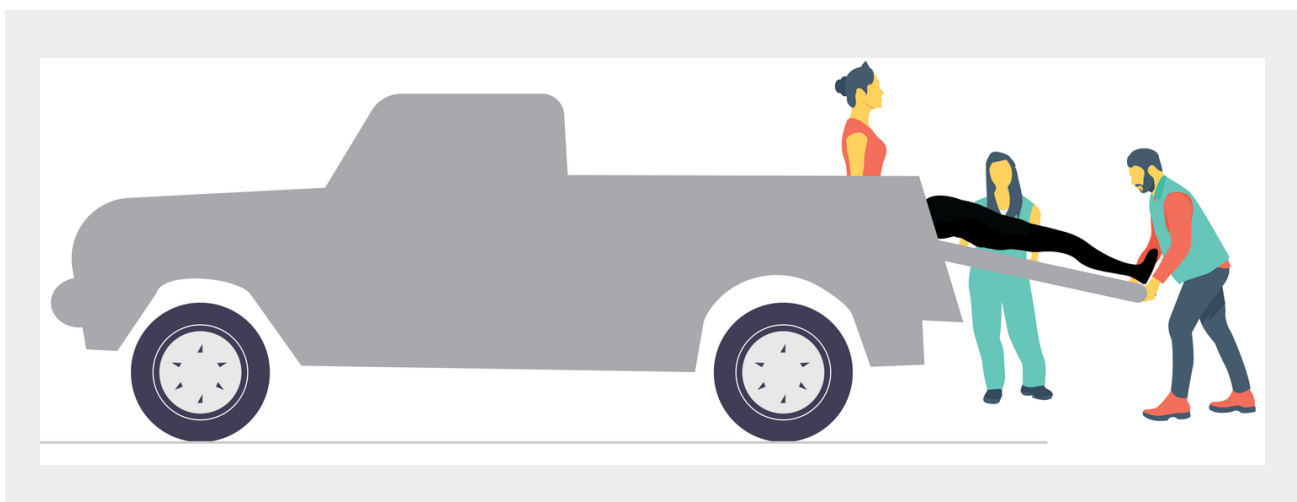
- When moving the body through a public space, you may want to consider arranging the **decedent's** arms alongside or on top of their body and covering the body using a sheet, blanket, **shroud**, or body bag (if the body is not already in a casket)
- If transporting the body following organ/tissue donation or **autopsy**, we recommend using a disposable **absorbent** sheet and/or a plastic body bag during the transport to manage any fluids that may leak from the incisions

Many cots/stretchers can be collapsed and placed directly in the vehicle with the body. To do this, bring the cot/stretcher to the edge of where the body will be slid into the vehicle. If possible, adjust its height level with the vehicle floor/bed and slide the body into the vehicle. Secure the body in place so it will not roll or shift while you are driving.

2

Planning a Home Funeral

- Support
 - When transporting the body, it's a good idea to have at least one other person with you to assist with the physical act of moving the body
 - When taking the body out of the vehicle, it helps to have 2-6 people to help stabilize the body as it is slid out of the vehicle



In most states, folks have the legal right to either transport their dead themselves or solicit help from a volunteer or their vehicle; however, it is illegal to pay a non-funeral director to transport.

2

Planning a Home Funeral

How much will things cost?

The cost of a home funeral can vary greatly depending on your region, any professionals you hire, and the wishes of the person who has died.

Aside from the costs associated with final disposition, the base expenses for a home funeral can, but do not need to include, the following:

- Resources to cool the body, such as ice packs or dry ice (unless you have some on hand already)
- A **shroud** or casket (unless you choose to make one yourself)
- Transport (if you need or choose to hire someone)
- Paying someone to file the **death certificate** (if you need or choose not to do it yourself and it's not included in the cost of disposition)
- Paying for services from a funeral home (if you are not doing the bodycare yourself, if you need an **embalming**, etc.)

Additional (and optional) expenses to consider include food, drink, flowers, decorations, etc.

Here are three examples of how prices can vary between home funerals.

Note: all prices listed are estimates and may differ depending on your needs, regional price differences in your area, or legal requirements in your state.



- Ice packs on hand: \$0
- A **shroud** made from the person's favorite bedsheet: \$0
- Transporting the body yourself: \$0
- Performing all bodycare tasks yourself: \$0
- Death certificate filing included in cost of final disposition: \$0
- A community-provided potluck meal for those attending: \$0
- Decorating using materials you already have on hand: \$0

2

Planning a Home Funeral

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- Purchasing dry ice: \$50
- Cardboard casket included in cremation price: \$0
- Hiring a funeral home to transport the body from hospital to home (without added service fee), but transporting the body yourself from home to crematory: \$450
- Performing all bodycare tasks yourself: \$0
- Filing death certificate included in cost of final disposition: \$0
- Purchasing food and drink for those attending (assuming a small gathering): \$300
- Purchasing flowers and decorations for the home funeral space: \$150

\$\$\$

- Purchasing a biodegradable wicker casket: \$1000
- Hiring a funeral home to transport the body from hospital to home and from home to cemetery (with service fee): \$1500
- Hiring a funeral home for bodycare: \$1000
- Paying to have death certificate filed: \$100
- Hiring catering for those attending (assuming a larger gathering): \$1000
- Purchasing flowers and decorations for a larger home funeral space: \$750



The Funeral Consumers Alliance is an organization dedicated to ensuring that consumers are fully prepared and protected financially when planning a funeral for themselves or others in their community. [Check out your local FCA](#) to learn more about funeral prices in your area.

See Appendix 7: Home Funeral Pricing Worksheet



Building Community



How to form a community care team
to take on the tasks of a home funeral.



3

Building Community

Section Contents

- Introduction to Community Deathcare.....42
- How Do You Begin Forming
A Community Deathcare Team?.....43
- Who Should I Ask to Join
My Community Deathcare Team?.....44
- What Does Each Member of
the Community Deathcare Team Do?.....46
- How Does Your Community Deathcare
Team Build Trust in the Community?.....47
- Other Ways for Community Members
to Be Involved in Deathcare.....47
- Final Thoughts.....51

3

Building Community

Introduction to Community Deathcare

What is community deathcare?

Deathcare is just that - caring for a dying person into and after their death. This care could look like caregiving, nursing, hospice care, medical support, respite care, spiritual support, bodycare, **wake** and funeral help, grief support, and disposition education. Deathcare can be any one or all of these things based on the composition of one's resources and community.

Building and participating in community is complicated for most of us, especially for those living in Western culture. Additionally, communities are unique to the time and place of someone's life. Many current, Western systems of living have become isolated, lacking the resources or capacity to fully care for its members. Some people may not have a solid community and would need to reach out for care support. In these instances, larger community care teams play a larger role. These care teams often exist in spaces of shared geographic location, culture, religion, and skill level.

Employment laws and regulations vary by state; however, if someone is paid to provide bodycare (for example, **cosmetizing** or other forms of bodycare outlined in this guide) as part of a contract, your state may require that person to be a licensed professional in order to legally to receive those funds. For example, only licensed home health care aides (HCAs) may be paid for respite care in the state of Washington.

Community deathcare is not something you pay for; it is care provided within and by your community free of charge. Each action described as "community care" in the following section are performed without pay.

3

Building Community

How Do You Begin Forming a Community Deathcare Team?



Research deathcare spaces that already exist within your community and contact them for mentorship, collaboration, volunteer opportunities, and support. Share what you can offer and ask how to participate. Repeat this in as many spaces as you feel comfortable!

If there are no groups in your area doing deathwork, you could advertise an interest meeting through flyers or on a digital events platforms like Eventbrite, Meetup, or neighbor-to-neighbor apps and email groups. You may also consider connecting with groups like Death Cafes or Death Over Dinner as a way to find folks who may be interested in forming a deathcare team.

3

Building Community

Who Should I Ask to Join My Community Deathcare Team?



One way to build a care team is to seek out *gatekeepers*, meaning -- people who have keys to the gates we need opened in deathcare. Valuable gatekeepers on a Community Deathcare Team include doulas, nurses, social workers, home care aides, certified nursing assistants, emergency medical technicians, doctors, licensed mental health therapists, and licensed massage therapists.

In practice, asking a gatekeeper for help could look like using the services of a funeral director on the Community Deathcare Team when a community member desires to transport a body and needs a transportation permit. In this example, and many others, a member of the Community Deathcare Team is able to use their resources and expertise to meet a community member's needs.

Another way to build a community care team is to seek out certain *skills*. Not all care teams need licensed professionals, depending on your mission. You may want to include grief workers, meditation teachers, or artists. Others might include people who can sew, garden, clean, dogwalk, cook, care for children, carry heavy things, run errands, or make lists. Many different skills could come in handy when providing deathcare.

3

Building Community



3

Building Community

What Does Each Member of the Community Deathcare Team Do?



“Make sure there is a seat for everyone at the table, and understand that every seat isn’t for everybody.”

- CJ Center for Third World Organizing

You and your team get to decide how you work together and what you want to work towards!

Start a list of ideas, make an outline, or draw a picture together to imagine the roles that folks on the team will perform and how they will support each other. Your team decides whether to organize according to folks' passions, skills, desires, accessibility, licensure, or some other factor.

Discovering the way your team works together is part of the work. People may work differently when they are alone versus when they are working together. How you will engage in collaborative work efforts, decision-making, and conflict resolution and repair are some of the important things your team will need to decide.



3

Building Community

How Does Your Community Deathcare Team Build Trust in the Community?

Start where you already are! Share information about community deathcare in the places you already go like your doctor's office, grocery store, gym, etc. Senior centers and nursing homes are also great places to teach folks about home funerals.

Be clear about the community care team's offerings during these informational visits and facilitate interactive discussions around options for care. Talking about community deathcare normalizes and validates home funerals as an option for folks who may not have otherwise known they were available, legal, or attainable. These conversations are better received when framed as education meant to support folks' ability to maintain agency over their body after death.



Other Ways for Community Members to Be Involved in Deathcare

Community care takes many forms!

Planning and hosting a home funeral is just one piece of what we call community deathcare. There are many ways community members can get involved and feel connected that don't require special knowledge or skills. Other aspects of community deathcare include:

Healthcare

- Helping people arrange and travel to appointments
- Assisting folks in navigating the transition to palliative care or hospice
- Filling out advance health care directives
- Completing disposition paperwork

3

Building Community

Everyday life

Community care work encompasses the everyday tasks of life that people need to keep going, even when someone is dying. You have likely already participated in the everyday aspects of community deathcare and not realized it!

- Picking someone's children up from school
- Watching children while someone deals with logistics
- Dropping off dinner when someone dies
- Asking if someone needs anything from the grocery
- Running errands
- Walking someone's dog

Financial support

- Helping someone get a will in order
- Helping someone out financially when they need it
- Helping complete a Financial Directive

Disposition support

- Providing education and resources on disposition to support someone in making an informed decision about their options
- Coordinating logistics for an open **viewing** or home-based funeral

Grief support

Listening is key. Sometimes people need professional grief counseling following a loss; however, you don't have to be a professional counselor to be present and listen to someone's pain.

- Listening to someone experiencing grief

3

Building Community

Ritual

Ritual can also be a way to express and support grief. There are many ways to engage in ritual to help remember someone who has died, honor them, or help ourselves process the loss. Ritual can be personal and solitary, performed in partnership, or shared as a group activity. Examples of rituals include funerals, **wakes**, church services, bringing flowers to someone's grave, or writing a letter with the things you miss about the dead and then burning it.

- Creating / finding, planning, and carrying out ritual
- Offering ritual options for individuals, for partners, and for groups

Legacy work

Legacy work helps those who are dying and others around them create memories and, sometimes, tangible things to leave behind. You can get really creative with this, and it can happen before or after someone dies. Legacy work is very personal (e.g. asking what you want to be remembered by) and will be different for everyone.

- Co-create a recipe book of family recipes to pass down, or film the person cooking
- Preserve personal and family stories by helping someone make a scrapbook, or film them telling a story
- Set up a scholarship fund in someone's honor

Bodycare

Bodycare can occur both before and after death. For more on after-deathcare, see *Section 4: Bodycare at Home*.

- Brushing someone's hair, rubbing lotion on their feet, doing their makeup
- Tending to any pressure sores that may be present and rotating the body to avoid additional breakdown. *Sometimes tissue breaks down even with the best of care.*
- After death: Washing someone's body to prepare them for ritual or **viewing**.

3

Building Community

Caring for the caregivers by offering:

- Clear communication
- Flexible scheduling
- Personal & collective opportunities for rest
- Food & drink
- Deathcare supplies
- Art supplies
- Bodywork

You may have read through these lists and thought, "These are things my people do in times of need already!" or "I grew up in a community that provided this support." If so, fantastic; know that these are ties to community and you've already begun the work! If this is your first time participating in a community in this way, we hope these lists will be useful and supportive for you.



Final Thoughts

We want to acknowledge that not everyone has access to a robust community of people who can help with community deathcare. There are many reasons why someone might not have people to support them. Aspiring to create a society in which everyone has deathcare is a radical vision.

Not everyone has someone they can call on for help in times of need. Not everyone has family, lives near family, or is in relationship with family. For folks who don't have close community ties or a community care group to rely on, some or many of these tasks may require paid assistance.

Consider creating and nurturing a community care group for people who might not be able to afford the services of a paid deathcare professional. This is one way we can start creating meaningful, impactful change in community deathcare.



4

Bodycare at Home



The basics of caring for someone who has died.



4

Bodycare at Home

Section Contents

- Introduction to Bodycare.....55
- Location of Bodycare.....57
- Bodycare in a Clinical or Institutional Setting.....60
- Moving a Body Safely.....61
- Rigor Mortis.....63
- Oral Care.....64
- Closing the Mouth.....65
- Closing the Eyes.....68
- Medical Tubing/Lines.....69
- Purge.....69



4

Bodycare at Home

- Bowel & Bladder Release.....70
- Body Care Order of Operations.....71
- Bathing.....72
- Hair Care.....76
- Shaving.....78
- Moisturizing.....78
- Dressing.....79
- Cosmetizing.....80
- Hand & Arm Positioning.....81
- Cooling & Preservation.....82
- Special Circumstances & Considerations.....86



4

Bodycare at Home

- Prenatal & Perinatal Considerations.....87
- Shrouding.....93
- Casketing.....98
- Ritual Ideas.....100



4

Bodycare at Home

Introduction

In this section we talk about basics around caring for a **decedent**, and we want to acknowledge upfront that the resources represented here do not encompass how to care for every possible body. We had in-depth discussion about what level of detail to provide, such as whether to cover black haircare, and decided that the best course of action is: when in doubt, simply be in community and find a family member or friend who was familiar with the decedent's personal care routine.

The way we care for a body differs based on many factors. These factors can include, but are not limited to, culture, location of death, time of year, access to cooling devices, condition of the body, type of death, our relationship to or with the person who died, our relationship with whom we are working, and even how we feel in the moment.

There is no right or wrong way to perform bodycare. Care of the body can engage our hearts, minds, bodies, and spirits, and can help facilitate healthy grief processes. Preparing the body is meant to respect the deceased individual's wishes, as well as the needs of the mourners involved in bodycare.

The idea of providing bodycare may be uncomfortable for many people. A lot of us have become culturally turned away from caring for our dead, so it is understandable that even the thought of doing so may feel overwhelming. Those who do elect to participate in bodycare often find that it is not the mysterious and challenging task it is made out to be.



Photo courtesy of Lashanna Williams

4

Bodycare at Home

This section provides the basic information needed to care for the body of someone who has died. Providing bodycare is something that can be performed regardless of the way a person died or how much time one has to prepare; however, planning ahead for home funeral and disposition plans as part of advance care planning is recommended.

This section attempts to cover general scenarios, but there will always be situations that are more difficult to plan ahead for. Some form of bodycare and/or or being with the body is often possible, even in the case of sudden death or when there is body trauma. A body, or the parts of it that may have wounds, can be covered or **shrouded** for a home funeral; however, individual families/communities must decide their comfort level in caring for and **viewing** a body at home that has been visibly damaged. In cases of a sudden death where no plans for a home funeral exist, it can be helpful to turn to community members and even professionals (e.g. home funeral guides and/or funeral directors) for assistance with logistics, materials, and permits.

The state of the body may affect one's decision to perform bodycare themselves, including:

- **Rigor mortis**
- Injuries & wounds
- Environmental factors such as the room or air temperature of where the body will be
- Cooling & **preservation** methods used

We will address these specific conditions as they arise.

This bodycare guide is an attempt to cover general scenarios and is not an exhaustive list. Do not be afraid to make mistakes or try things differently if you think they would work better for your circumstances. There are other resources available that may have the answers you are looking for and, when in doubt, you can consult a home funeral guide or death doula for support.

See our NHFA Directory of providers [here](#).

4

Bodycare at Home

Location of Bodycare

It is important to have a space large enough that the deceased and people caring for their body can fit comfortably and move around to wash, dress, etc. If you are having an open visitation, is there space for people to sit **vigil**, to spend time with the deceased person, and to spend time with each other?

Privacy and the environment of the room are also respectful aspects to consider. It may be an option to curtain off the area for privacy while the body is being prepared for **viewing** in a less private setting. Determine which aspects of the atmosphere are most important to you when choosing the space (e.g. privacy, spaciousness, light, etc.) and give those priority; if the deceased had a **vigil** plan, the details you honor may already be clear.

When choosing a room for **viewing**, observe the body's proximity to air conditioning and windows. Air conditioning can help keep the body cooled, or opening a window may be helpful if the air outside is cooler than inside. Placing the body directly in sunlight will cause some warming, so be sure to monitor air temperature as well as body temperature. Choosing to keep the body on the ground floor of the space may also be helpful because heat in homes rises. Likewise, more body heat is generated as more people enter a room, which affects the temperature of the room and the cooling of the body. As mentioned, you can care for a body in smaller spaces as long as you monitor the temperature of the room.



Photo courtesy of Lashanna Williams

4

Bodycare at Home

What the body will be laid upon is another important consideration. For example, if you choose to lay them in their bed, is the bed in the middle of the room, or up against walls? Access to all sides of the body for bodycare may mean the bed should be moved. You may want to lay the body on a waterproof protector (e.g. plastic sheet, tarp, mattress protector, shower curtain) that will keep the bed from getting wet during bathing. A good option for laying out a body for both care and **viewing** is a massage table. Massage tables are easily moveable, small enough to fit in cramped spaces, and built to hold the weight of a human. You can also lay the body out on other surfaces like a long table, sofa, etc., but keep in mind that those surfaces may not be ideal for washing a body. If disposition will involve a wooden casket, the casket lid can be removed and used as a surface. As with a bed, you may want to put something plastic underneath where the body will be washed so as not to get the area around it wet.

It is often assumed that when folks have a “home funeral,” that a **vigil** or memorial will take place in the deceased person’s home, but this is not always the case. Sometimes, people live in settings where this is not possible, such as living in a small space, an institutional setting, or sharing space with folks who are uncomfortable with a home funeral. Folks may choose to hold a **vigil** in a funeral home, church, or community space. If death occurs in a hospital, you can call on your community to open their space to you. Reach out to friends, family, community deathcare groups, religious organizations, and others in your circle to see what possibilities exist.

It’s important to note that providing the after-deathcare for the deceased and even holding a **vigil** for a period of hours or days does not mean you can’t hold a memorial service or celebration of life afterwards. Many people have cared for a **decedent**, had close family and friends over for a **vigil** or **viewing**, and scheduled a service at a later date in their place of worship or other venue.

4

Bodycare at Home



Photo courtesy of Lashanna Williams

4

Bodycare at Home

Bodycare in a Clinical or Institutional Setting

If bodycare will happen at a funeral home, you can ask to prepare the body outside of the prep room (maybe on an auxiliary table) or for the prep room to be arranged so that the equipment is covered. Scarves, sheets, and blankets can be draped over cabinets and counters to create a softer environment.

If bodycare will take place in a clinical or institutional setting like a hospital or nursing home, you can:

- Request a private room. If there is a roommate and another room is not available, it may be possible for them to be elsewhere while bodycare is performed
- Request that air conditioning be turned up in the room
- Ask to have medical tubes/lines removed
- Use ice packs, dry ice, or Techni Ice, as discussed for use in a home setting
- Ask what supplies are available on site, and bring everything else (e.g. items for ceremony, photographing, bathing, cooling, dressing)
 - Clinical settings usually have options for ice and cooling, towels, sheets, basins and other items. It may still be preferable to bring familiar ones



For one family's experience providing bodycare in an institutional setting, check out the NHFA A Path Home Podcast episode "[In the Wake of Waves](#)" (Season 2, Episode 24). In this episode, host Sarah Crews speaks with Heidi Boucher, who cared for her brother and niece in a funeral prep home in Hawaii after they drowned.

4

Bodycare at Home

Moving a Body Safely

To safely turn a body to bathe, dress, change linens, or shroud:

- To catch any **purge** or fluids, you can choose to put a towel over the face as a precaution
- If the body is small enough for you to carry, you may move and engage with it as you would otherwise; there is no need to use a stretcher for transport or carrying in this case if you do not want to
- Stand on one side of the bed or table and place your feet about hip width apart, bend at the waist while keeping your spine straight, and tighten your abdominal muscles to protect your back
- Move the **decedent's** opposite arm across their torso towards you, and cross their leg on the same side over the top of the opposite ankle towards you



Illustration courtesy of Day Corso & Sky Gomez

- Reach across to the slightly raised hip with one hand and to their shoulder with your other hand, and turn them towards you
- You can now have someone wash their backside or help change sheets, place a **shroud** underneath them, etc. It does help to have at least two people involved, if not more



For a visual guide to using the turning/rolling technique to move a body safely, check out this excerpt from the [NHFA video "Home Funerals 101."](#)

4

Bodycare at Home

To move the body from one place to another:

Transfers are not always smooth, and that is okay. The weight of the person, amount of time since death, injuries to the body, and other factors can affect the transfer process.

Using a stretcher can make transfers easier. You may be able to source one from within your community; funeral directors might have one that can be borrowed, and medical supply stores may have one for rent. While using a stretcher or backboard can be helpful, not everyone has access to these items, so here is a trick for using only a bed sheet:



Illustration courtesy of Day Corso & Sky Gomez

- Lay the sheet under the body, ideally with the longer side perpendicular to the body (a bigger bed sheet, like a king or queen size, allows for better grip)
- Roll the sides of the sheet up and in tight to the body
- Ask four to six people to hold the rolled sheet edges, supporting the head with one hand or a pillow
- Slowly lift and carry as a community
- If lowering the body to a low surface (like a casket on the floor) be careful to support your back as you lower by tightening your abdominal muscles

To move through doorways:

- If carrying the body with a sheet or on a backboard, you may need to stagger yourselves a bit so that two people aren't directly across from each other when passing through the doorway
- Be sure to measure and/or test carrying a casket through the home or space before putting the body in it to ensure it will fit through doorways and around corners

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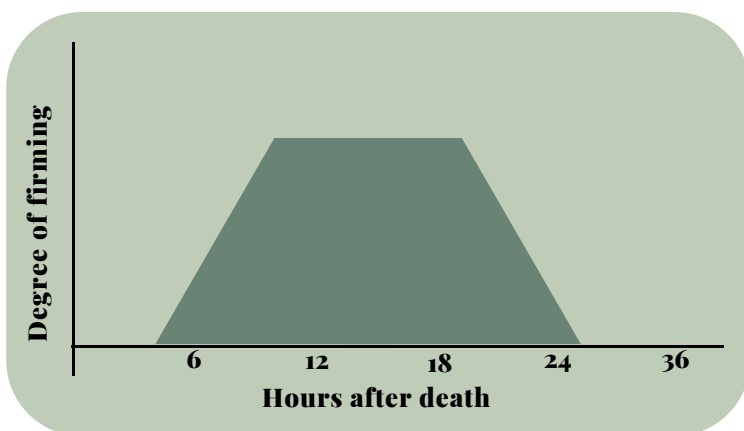
Bodycare at Home

Rigor Mortis

Also known as stiffening of the joints and muscles, **rigor mortis** typically sets in within the first few hours, though it does not happen in all cases. The degree to which **rigor mortis** is present varies from person to person and can be influenced by body composition and cause of death.

Rigor mortis can affect the mobility of the limbs and the ease of moving the body. It may be easier to bathe and dress the body within the first few hours after death. Sometimes people choose to wait for **rigor mortis** to pass to begin care, which typically happens after 24 hours, but can vary from 12-48 hours. If it is not possible to wait for rigor to pass, you can still care for the body.

Small muscles are the first parts of the body to become stiff, so it is best to tend to the eyes, mouth, and hands first, when possible. Hands also curl and retract, especially in children. Gentle massage of the muscles and joints of stiff limbs can help ease them into a different position.



Livor Mortis is another natural after-death occurrence. Because the body's blood has stopped flowing, it settles in the parts of the body that are closest to the ground due to gravity. The skin color in those areas changes to a pinkish or blueish-purple.

4

Bodycare at Home

Oral Care

Oral care is an important step for decreasing bacterial growth in the mouth that causes odor similar to morning breath. You can use a wet wipe or washcloth to sweep large particles from the mouth first (be gentle, as oral tissue is fragile). You may choose to floss and brush the teeth with a soft toothbrush, using a very small amount of toothpaste (since the **decedent** can't rinse and spit). You can also use a cotton swab dipped in mouthwash, vinegar, or an **antiseptic**/antibacterial essential oil (e.g. lavender, rosemary, or tea tree) to clean the mouth and tongue.

It is helpful to dry the mouth, teeth, and tongue after cleaning them using cotton balls or a cloth. If it is difficult to open the mouth, or oral care would be unpleasant, it is okay to skip this.

Many people choose to leave out dentures; however, if they are placed in the mouth, they can be rinsed in a denture cleaning solution and replaced inside the clean, dry mouth. It may be difficult to put them in the mouth during **rigor mortis**. Dentures may need to be removed prior to certain disposition options like natural burial, natural organic reduction (composting), or water cremation, in which case you may choose to simply leave them out. The mouth and face tend to look more natural, or more consistent to the way we are used to seeing the person, with dentures in. Lips can become dry. You can use petroleum-based ointments, moisturizing oil, or lip balm to moisturize. As the body ages, and in death, lips may change in color and plumpness, altering their appearance. If the deceased normally wore lipstick, it could be lightly applied and layered, as desired.



4

Bodycare at Home



NHFA strives to normalize the ways that natural deathcare can look. It is normal and natural for the mouth and eyes to remain open after death, or to not remain shut after closing. Many of us are not accustomed to seeing our dead this way, and it's okay to want to close eyes and mouths. It is also okay to want them to remain open, as well.

Closing the Mouth

If the mouth is open and you wish for it to remain closed, you can try one of the following methods:

Head Wrap: Use a necktie or long piece of non-slippery material like a scarf or cloth Ace-type bandage tied around the head to hold the jaw shut. Place the middle of the tie under the chin/jaw, then bring the ends to the top of the head and tie a knot. A second person is helpful here to support the jaw to keep the mouth closed while the knot is being tied. Keep the tie in place until the mouth remains closed without it. The time varies on this, though it usually takes 1-2 hours. Note that this method may leave an imprint on the skin and tousele the hair. To reduce skin indentations, smooth the scarf/bandage as much as possible.



Photo courtesy of Jerrigrace Lyons, as seen in our [Home Funeral 101: Body Care Basics video](#).

4

Bodycare at Home



Towel Roll: A rolled up towel can be placed under the chin until the jaw stays closed without the towel in place. You may also use the towel method with the head wrap method to further support the jaw staying closed. Some people may choose to leave the towel or wrap in place for the duration of the home funeral. This technique can be seen in [our "Home Funeral Body Care Basics" video on YouTube.](#)



Dental Tie: If the person has teeth, you can use a piece of dental floss for a dental tie. Tie the floss around one of the front top teeth, tie another piece around a front bottom tooth, and then tie the two pieces together. This technique can be seen in [our "Dental tie mouth closure demonstration" video on YouTube.](#)

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Bodycare at Home

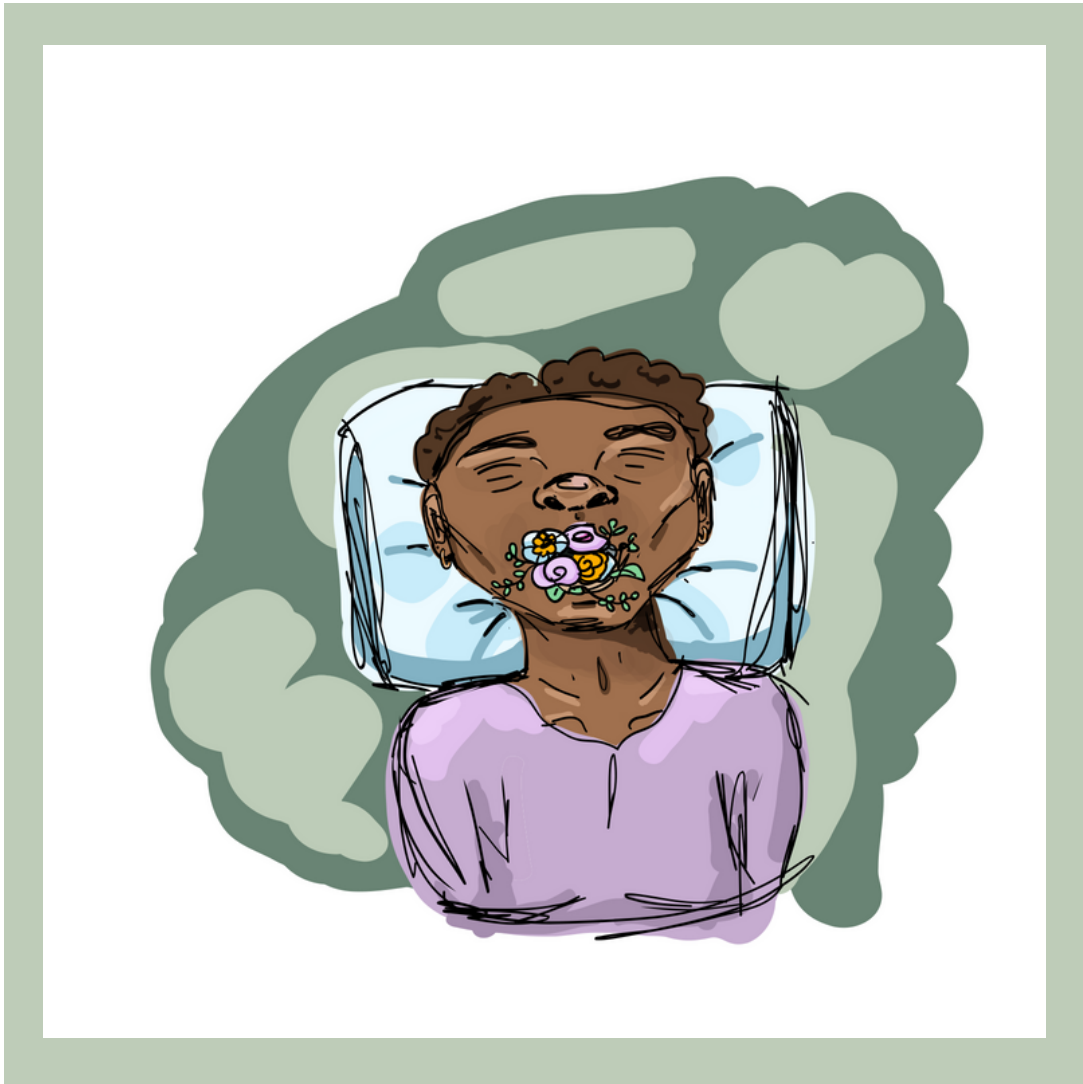


Illustration courtesy of Day Corso & Sky Gomez

Usually, as **rigor mortis** sets in, the mouth will also set in place; however, it may be impossible to completely close the mouth or the mouth may slowly reopen as time passes. If the mouth remains open, you can try packing it with flowers or herbs, if desired.

4

Bodycare at Home

Closing the Eyes

If the eyes remain open after death and you want them closed, ensure they are clean and dry, then try one of the following methods for closing. Moisturizing the eyelids prior to closing them can help make them more pliable if the person was or is becoming dehydrated.

Using Weights: Gently bring the eyelids down over the eyes and place a small bag, weighted eye pillow, or bags filled with something like rice or sand over the eyes. Keep them in place until the lids remain closed, usually for a couple of hours. If the eyes don't stay closed and you prefer not to have them open, you can leave the weights in place or drape a scarf across them.

Using Cotton: Pull some small pieces off the head of a Q-tip or a cotton ball, elongate the cotton, and place it directly on the eyeball to catch the lids and keep them shut. Lower the eyelid two-thirds of the way down, then bring up the lower lid to meet the upper lid. If the eyes don't stay closed with the cotton alone, add vaseline to the cotton to help the eyelid grip onto the cotton.

Using Superglue: Funeral directors sometimes use superglue, so you can also try this if you are comfortable and having the eyelids remain closed is important to you. Apply a small amount of superglue to a toothpick, cosmetic brush, or the stem of a Q-tip with the cotton pulled off. Apply a thin layer of glue to the lower lid, then gently slide the top lid down the eye until the eyelids touch. Press the lids together with a small tool until they stick. Do not use your fingers. After death, the eyes flatten naturally as the fluid in them settles and dries up. As the eyes change shape, the lid position can change, and it is quite common for the eyes to appear slightly open. Using superglue will keep the lids together, but the change in shape may still be apparent. This is natural.

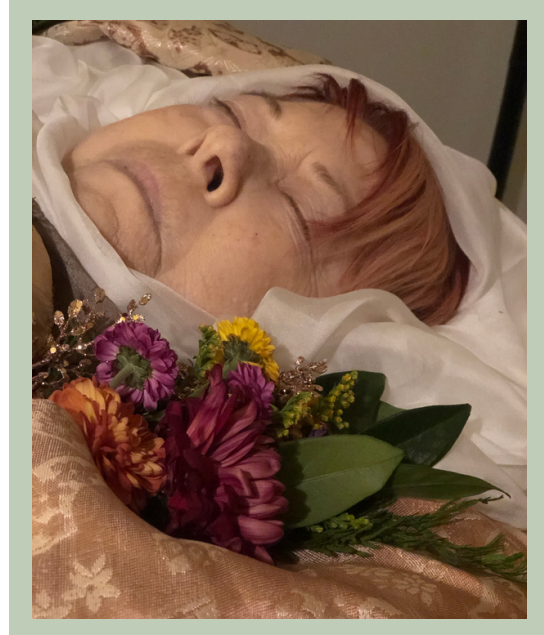


Photo courtesy of Lashanna Williams

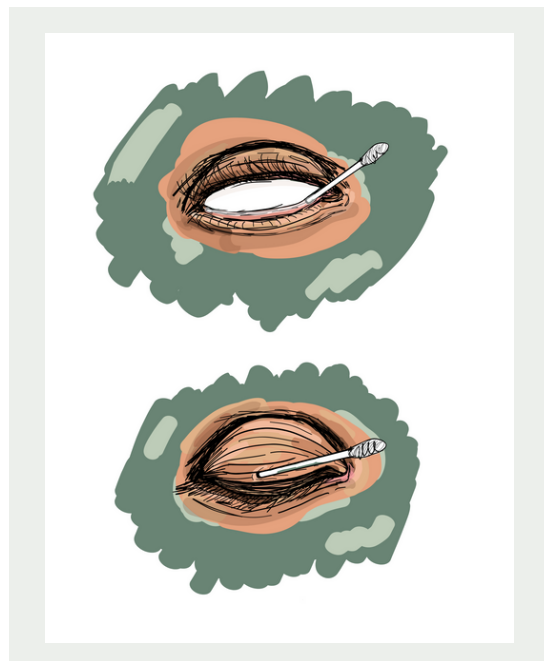


Illustration courtesy of Day Corso & Sky Gomez

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Bodycare at Home

Medical Tubing/Lines

If death occurred in the hospital and the person still has medical devices like tubes or catheters inserted into their body, you can request that they be removed. Some medical equipment may require a surgical procedure to remove and, in some cases, you may be able to find an embalmer or funeral director authorized to do so.



Those caring for the body should use the same **standard precautions** they would when caring for the person when they were alive. Gloves can be used to protect from bloodborne pathogens or contact with bodily fluids.

Purge

After death, changes in the composition of the body and internal pressure can cause fluid to leave the body. There are many types of fluid in the body, and sometimes preparing the body involves all of them. Depending on age, cause of death, body type, and other factors, fluid can leak from the lungs, brain, eyes, nose, mouth, skin, anus, and urethra. It can be pink, clear, red, brown, and may even be frothy or look like coffee grounds. Commonly called **purge**, this is a normal, though infrequent, part of the after death experience. While it isn't dangerous, it is helpful to address. Clean up **purge** using the same **standard precautions** you will use to perform bodycare.

Sometimes the **purge** continues until time of disposition, including during turning, bathing, and dressing. This is perfectly normal and can be addressed by rewashing the area as needed.

4

Bodycare at Home

You can use cotton balls or tampons as plugs for vaginal or rectal **purge**. Dipping them in an **antiseptic** essential oil like tea tree, rosemary, or lavender can help with odor. Be aware that forcing items into the body when there is **purge** may result in **bloating** or the plugs being expelled along with the **purge**. If the abdomen is bloated, it may be better to soak a pad or the crotch of a diaper in the essential oil, instead.

Placing ice on the sides of the throat can help limit **purge** coming from the mouth, nose, or ears. Dark towels can be used to wipe **purge** from the face.

Bowel & Bladder Release

It is natural for the bladder and intestines to relax after death, and for urine and feces to be excreted. Incontinence products like diapers or **chux pads** can be used for bowel/bladder release. Consider the amount of food recently ingested, and perhaps use a diaper/chux pad for the first hours to allow all evacuation to occur naturally. Before bathing, it may be helpful to express the contents of the bladder and bowels using a gentle but firm pressing motion on the lower abdomen towards the feet. Wash genital and rectal areas thoroughly. Putting on an “adult diaper” after washing can mitigate any future cleanup.



For more info about using chux pads, see this [excerpt from the NHFA Home Funerals Body Care Basics video](#).

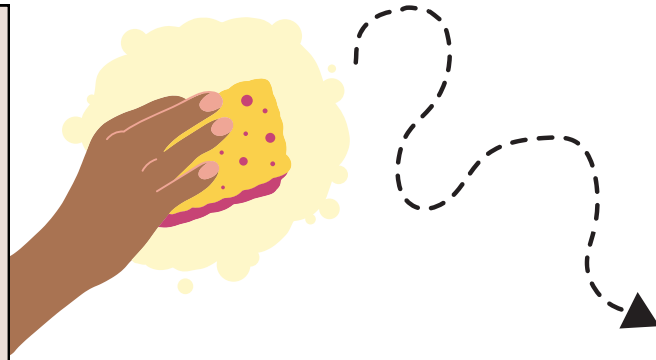
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Bodycare at Home

Body Care Order of Operations

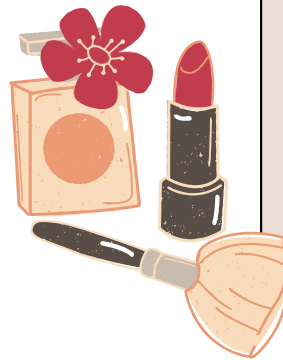
**Do the
WET STUFF**

*Oral care, bathing
the body, etc*



**Then the
DRY STUFF**

Cosmetics, etc



**THEN
Arrange
the body**



4

Bodycare at Home

Bathing

Bathing can be a symbolic gesture of tender, hands-on care as it is usually the last physical contact the community has with the deceased. It can be a simple act using soap and water, or it can be an elaborate ritual using essential oils, prayers, candles, and music. It can take place on a bed or a table, indoors or outdoors. It can involve the whole body or just parts of it, like the face and hands.

People often choose to bathe the body to prevent unpleasant sights and odors during the **vigil**. If the person was bathed regularly and thoroughly prior to death, minimal bathing after death may be necessary. Bathing after death can help delay the onset of **decomposition** by reducing the bacteria in the mouth, on the skin, and in the elimination tracts. Do not immerse the body or oversaturate it in water, as this can cause the skin to wrinkle. Unlike living tissue after a bath, the skin will not rehydrate. In a pinch, if bathing isn't an option, a household sanitizing spray may be used on the skin.

Decomposition rates and signs are dependent on many factors, including body type, age, cause of death, and temperature. Even industrial strength **embalming** doesn't always delay the onset of obvious decomposition such as odor, changes in color, and changes in shape/texture. In most cases, bathing and cooling is enough to prepare the body to be laid out for a few days.

If bathing occurs on a bed or table, cover the area with protective materials (e.g. a plastic sheet, tarp, shower curtain, or incontinence pads).

Once bathing is complete, you may move the body to where it will be viewed or spent time with (if that location is not the same as the spot in which it was bathed).

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Bodycare at Home

Bathing Items

The items used for bathing can be everyday items that you already have on hand. These may include:

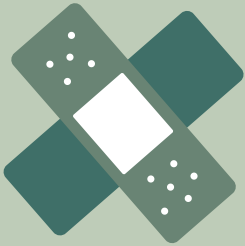
- Wash basin
- Pitcher or watering can
- Washcloths, towels
- Soap
- Hair care products
 - Shampoo and/or conditioner
 - Brush, comb, hair oil, hair spray, or other products for styling
- Hair dryer (for hair and body, if needed)
- Fresh sheets, pillows, and pillowcases
- Tarp, shower curtain, mattress protector, or plastic sheet
- Diapers/incontinence pads
- Essential oils
- Clothing/**shroud**/other covering
- Razor
- Tweezers
- Lotion (more on what kind later)
- Gloves (not needed for bathing, but may be used when dealing with bodily fluids)



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Bodycare at Home

Bathing Steps



Clean and bandage open wounds just as you would in life. Sanitize with isopropyl alcohol or hydrogen peroxide to limit bacterial growth. Peroxide is also good for removing blood stains from hair and cloth materials. Use regular bandages, butterfly wound closure strips, and/or gauze and medical tape as needed. You may choose to place ice directly on large wounds or incisions.

- Consider where your water source is in relationship to the room the body will be bathed in. It can be helpful to bring water into the space before bathing to reduce trips to the water source and reduce the amount of time the body will be wet
- Set up a work surface draped with a cloth to place your supplies
- Fill a basin with warm water and a small amount of soap (use a soap bar if that's what you have on hand). This basin can be as simple or ceremonial and meaningful as you wish. Adding essential oils or a favorite aftershave/perfume to the wash basin can be a lovely way to incorporate scent into the ritual of bodycare
- Drape a towel or sheet across the torso of the person, covering their chest and genitals to preserve modesty. Uncover the person in sections as you go, and treat them with the same respect you would if they were alive, honoring the person's own relationship with their body
- Caring for the body after death is an intimate experience. There may be spiritual, cultural, or ethical concerns when touching different parts of the body like the head, the feet, or the genitals. Use these considerations to guide you in bodycare and in placement of ice
- One way to present an inviting opportunity for others to participate is to pre-roll the wash cloths and have them already soaking in the bowl of water. Also, a helper (or helpers) can gently dry the recently washed areas as you go, using a blotting motion rather than rubbing
- Use a washcloth dipped in the warm water to gently wash the person from head to toe, paying special attention to skin folds and creases where skin is touching skin

4

Bodycare at Home

- If skin is very fragile, it may be best to use your hands to pour water over the body instead of rubbing with a towel
- If there are suds or soap residue left behind, you may need to make a second pass with fresh water
- Depending on the cleanliness of the body and how much of the body will be uncovered for **viewing**, you may only want to wash the face and limbs. If the body will be laid out for more than a day and bathing is not possible, gently spray the skin with a cleanser and let it dry
- Roll the body to one side and then the other as needed to clean underneath. It is easier to have two or more people helping so that one person can stabilize the body on its side while another person cleans. If death has occurred after a long illness, this kind of bathing is the same as what was done during life



Photos courtesy of
Lashanna Williams

- Once bathing is complete, clear the area of wet items and replace with clean, dry sheets. Dry the body as well as you can, as damp or clammy skin is a vector for bacteria. Take your time and use dry towels to gently blot up any excess oil and liquid
- If necessary, teeth brushing, flossing, or other oral care may need to be repeated after the body has been turned back and forth several times

4

Bodycare at Home

Hair Care

If desired, shampoo and dry the hair. The hair may not need to be washed, but you may want to give it that extra care. There are hair care options available that don't require using water to wash the hair. These options, which are meant to mask, dissolve, or absorb oil include products like blotters, rinseless foams, no-rinse liquids, and dry shampoo.

If you do use water and shampoo, it is helpful to have a few people assist with this process. You can have someone hold the head up while someone else does the washing. You will want to hold the head over the side of what the deceased is laying on if possible, and use something to catch the water underneath as it drips down. One easy method is to use a garbage bag. Simply hold the hair inside the bag to cleanse it.

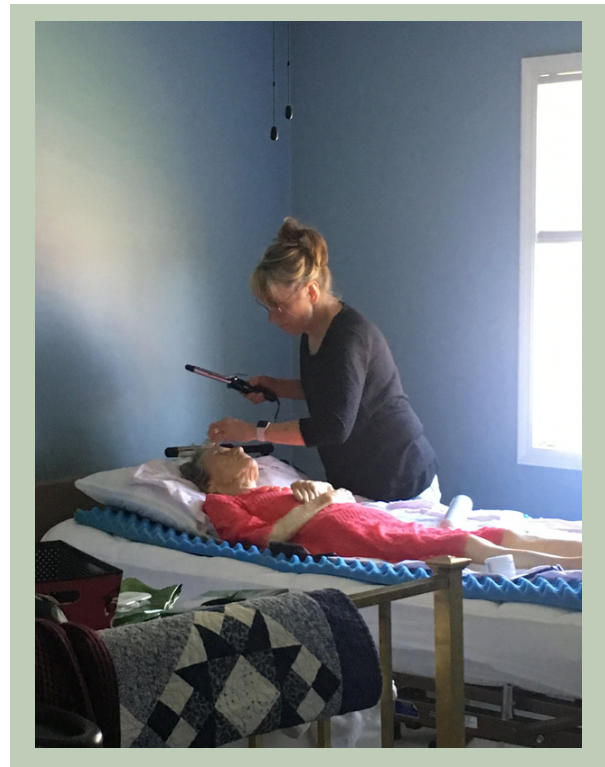


Photo courtesy of Sarah Crews

Different types of hair need different types of care. Someone who specifically knows how to take care of the type of hair that the deceased has should be the person to do it.

Hair can be styled using everyday products. Use favorite combs and brushes, hairspray, gels, barrettes, bobby pins, etc.

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Bodycare at Home

Trash Bag Method for Hair Care



A trash bag placed under the head when washing hair acts as both a protective barrier to keep your surface dry, and as a funnel for water. 1) Roll a towel lengthwise to be placed under the person's neck. 2) Form an arch shape by keeping the towel flat on the table and lay the ends of the towel toward the top of the person's head. 3) Place the open side of a large trash bag over the towel and under the person's head. 4) Tuck the bag under the outer edge of the arch. The ridge the towel forms under the bag will help divert water away from the body and off of the surface. 5) Let the bottom of the bag hang over the edge of the surface. 6) Cut a corner off of the bottom of the bag and place it in a pail on the floor to catch the water. It helps to have someone monitor the pail to ensure that it doesn't overflow and can be emptied as needed. This method was developed by Margie Henderson, presented at the Chicago NHFA conference in 2012, and has been taught by many people since.



Here is a [video demonstration](#) by Claire Turnham with assistance from Jerrigrace Lyons in 2017.

4

Bodycare at Home

Shaving



Photo courtesy of Sarah Crews

For waxing or shaving bald heads or a person's face, the skin is not going to move or manipulate the same as when the person was alive, and it will not heal once cut. Shaving a surface that has usually been shaved is mostly okay. It is best to shave sooner rather than later, if possible. Skin is decently resilient if the body has been kept cool.

It is helpful to moisturize the skin well before shaving, and using an electric razor can be helpful, as well.

Moisturizing

A combination of keeping the body moisturized and cooled can help limit changes in skin color and texture due to dehydration. Effective moisturizers are fat-based and highly emollient, such as lanolin, shea butter, or even petroleum jelly. Discoloration from dehydration happens more quickly in children and people with body types that don't have a lot of fat or muscle, so moisturizing promptly is important for their bodies.

4

Bodycare at Home

Dressing



Illustration courtesy of Day Corso & Sky Gomez

Dress the body in the chosen clothing, and if desired, drape with a treasured blanket, sheet, or other materials (more on **shrouding** later). Bodies can be difficult to dress, especially if only one person is doing so. Be sure to go slow and tug gently. It is often easiest to simply cut garments at the back and drape them over the body rather than trying to get limbs in them. In this case, simply tuck the clothes under the sides of the body to give the appearance of being fully dressed.

Remember that the final position of the body and the lighting can change the way the person looks.



For one family's experience, check out the NHFA A Path Home Podcast episode "[Beautiful Billy](#)" (Season 2, Episode 6). In this episode, Gabrielle shares how she tended to her husband, completely dressing him in his favorite jeans and a button down shirt by herself!

4

Bodycare at Home

Cosmetizing



If desired, style the hair, provide nail care, and/or apply makeup. You can use the person's favorite makeup colors, but they may not look exactly the same on their skin after death. Use caution to not get cosmetics on a person's clothes if applying after they are dressed.

Accepting that they will not look the same as when they were alive can help when **viewing** a body and its changes. **Cosmetizing** can help cover up any discoloration, small abrasions, or changes in shape and texture.

Using colored lights in the space where the body will be viewed can also help when there is discoloration. Thin pieces of fabric can be placed in front of light bulbs. Experiment with different colors to find the most flattering effect.

4

Bodycare at Home

Hand & Arm Positioning



Photo courtesy of Lashanna Williams

It is easiest to position arms and hands after bathing and either before **rigor mortis** sets in or after it has passed. If **rigor mortis** is present at the time of positioning (after bathing/dressing), it may be hard to keep the person's arms close to their sides or to rest their hands on their torso/chest (if that is a desired position).

If placed in a casket, the sides of the box will likely hold the arms to their side, and may help to hold their elbows in place if you try to place their hands on their torso/chest. If they are on a narrow table or surface, their arms may hang out over the sides.

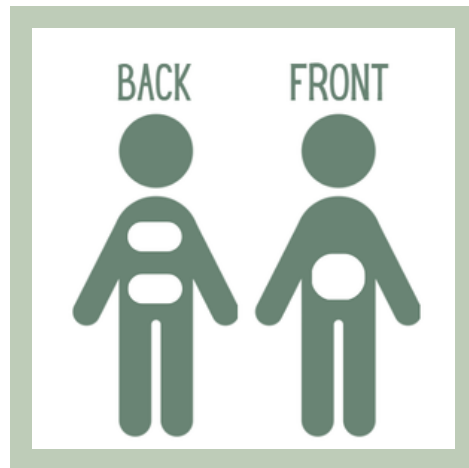
A few tricks to secure hands or arms closer to the body, as desired, include things like:

- tucking fingers/hands into pants pockets or hooking thumbs into belt loops
- tying something around the arms and torso to hold them in place
- tying their hands together over the torso/chest. Be cautious about possible damage to the skin if using ties. Their skin may be fragile and tying something too tightly may result in skin slip, which is where the top layer of skin slips away from the body. This is more likely if the person had fragile skin before death, or the **decomposition** process has begun

4

Bodycare at Home

Cooling & Preservation



It is helpful to use cooling methods for body **preservation** during a home funeral as cooling naturally helps slow the **decomposition** process. Cooling can dry out the skin, so it may be helpful to cover the body in a fat-based moisturizer like lanolin, shea butter, or petroleum jelly before cooling.

Keeping the room cool (below 65° F / 18° C) helps keep the body cool. Ideally, use methods of cooling the body that keep it as close to 40°F / 4° C as possible. If you are in a warm climate or season, if available, use air conditioning in the space on high. If you are in a cold climate or season, opening a window in the room may be helpful.

Ice packs placed on/around the body are helpful to further cool and preserve. You can use Techni Ice, dry ice, any kind of commercial ice packs (like the kind bought at a store), or you can make your own ice by freezing bottles of water. If transporting the body, be sure to secure the cooling methods so that they do not shift during travel.

It is recommended to keep the body dry, but ice packs including Techni Ice can sweat or leak. Place ice into a sealable plastic bag wrapped in a pillowcase/towel to keep the body from getting wet. When the skin is very fragile, or the body has very little fat and muscle, placing ice of any kind directly on the body can cause damage; therefore, consider wrapping the cooling method to prevent this issue.

4

Bodycare at Home

If you are keeping the body at home for an extended **vigil**, you can wait for rigor to release before starting cooling. If you are using ice, be aware that the body may remain rigid even after **rigor mortis** has passed.

One of the most important parts of the body to cool is the core/torso in order to slow **decomposition** in the internal organs, where decomposition often begins. Ice should be placed under each shoulder blade and under the lower back and buttocks. Ice can be placed on top of the abdomen if there is swelling, or as an alternative to placing ice under the body. Placing ice on top of the body until the body cools helps it cool most efficiently. Change ice packs regularly as needed.

There are pros and cons of cooling under the body vs. around/on top of it. For example, moving the body to replace ice underneath may cause set features to shift (e.g. eyes, mouth, hands, etc), while placing the cooling method on top of the body means you can see it. You may choose to drape a shawl, scarf, sheet, or blanket over the ice to hide it for **viewing** purposes.

Commercial and/or homemade ice packs need to be changed out about every 2 hours until the body cools, and then less frequently after that. Techni Ice is designed to stay cold longer and can last 4-6 hours before needing to be changed. Use common sense; if whatever ice pack you are using has begun to thaw, swap it out! Making a schedule or setting a reminder for ice swaps can be helpful. If you are cooling with packs under the body, swapping them out is a process that may require multiple people to help tilt/turn the body.



For one family's experience cooling a body, check out NHFA's *A Path Home Podcast* episode "[Bound by the Ropes of Love](#)" (Season 4, Episode 5).

4

Bodycare at Home

About Using Techni Ice



Techni Ice is a non-toxic, polymer-based, reusable ice pack that can be purchased online, and may also be sold at local markets that ship perishable goods. It comes in flat sheets that need to be immersed in water to activate the polymer gel. As you soak and massage the ice pack, the gel will hydrate and swell. You may see bubbles coming from the little holes in the ice pack, and you may even feel some of the gel. It helps to massage the pack so that the excess water is expelled before you freeze it.

The sheets can be used whole or can be cut into smaller pieces by cutting in between the gel pockets. These smaller packs can be used on wounds or on the sides of the neck, for example.

Do not leave Techni Ice out of the freezer for long after it's no longer frozen, as the gel will dehydrate and become unusable.

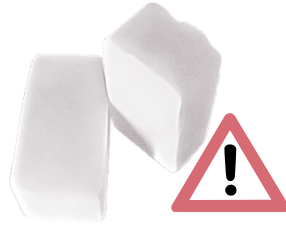


For more info about using Techni Ice, see [this excerpt from the NHFA Home Funerals 101 video](#).

4

Bodycare at Home

About Using Dry Ice



While it is an option, dry ice may not be the preferred method of cooling for most people as it may be difficult to find, costly, and can burn skin. It may be a good option for a body being kept home for a long period of time, or in a place where air or room temperature is high.

You can do an internet search for local dry ice suppliers, which may include places like grocery stores. Some sellers will cut it into book-sized blocks or crush it into smaller pieces, if requested. To crush it yourself, place it in a paper bag and throw it on cement ground, or hit it with a hammer.

A few health and safety warnings about dry ice:

Dry ice can burn skin, so be sure to handle it with insulated gloves (e.g. oven mitts or thick rubber, leather, cloth gardening, or winter gloves). Latex gloves will not provide enough protection from burning. Do not place dry ice directly on the skin of the body. Instead, wrap pieces of it in cut brown Kraft paper, brown paper grocery sacks, or thick layers of newspaper, then wrap the paper with a towel, washcloth, pillow case, or pieces of cut up cotton sheets or blankets, as an added barrier. Place the packs where needed.

Store dry ice in a styrofoam container, or line a cooler with a box or paper bags to prevent damage to the plastic. Dry ice can damage the surface underneath it so be careful not to place it (or even the container it's in) on any wooden surfaces like tables, or hardwood floors. If keeping it outside, place it on the soil, not on surfaces like decks or patios. Do not store it in a sealed container, as it off-gasses carbon dioxide as it melts. Store and use dry ice only in a well ventilated area, cracking windows or using fans for air flow.

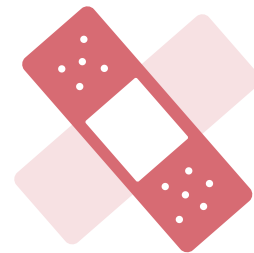
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Bodycare at Home

Special Circumstances & Considerations

Home funerals are possible in cases where there's been:

- Trauma to the body
- Organ and tissue donation
- An **autopsy**
- A small degree of **decomposition**



The condition of the body and/or cause of death may lead folks to prefer using the services of a home funeral-friendly funeral director. These professionals can offer advanced bodycare preparations like reconstruction, restorative art, and/or **embalming** prior to a home funeral. For example, if the deceased had **sepsis** or stomach ailments, you might run into more gas and purging issues that could be difficult to deal with on your own.

We provide detailed information and considerations for a variety of scenarios in our Appendix.



For one family's experience caring for a body after autopsy, check out NHFA's A Path Home Podcast episode "[A Walk in the Woods](#)" (Season 2, Episode 33).

4

Bodycare at Home

Prenatal & Perinatal Considerations

Prenatal: before birth; during or relating to pregnancy. **Prenatal** death is defined as a death that occurs during the first 27 weeks of pregnancy.

Perinatal: relating to the time, usually a number of weeks, immediately before and after birth. **Perinatal** death is defined as a death that occurs during the 28-40th week of pregnancy.

Neonatal: an infant born within the last 7-10 days. This term can be used for any newly-born infant, regardless of gestational age.

When a baby's death occurs in utero or soon after delivery, there are special considerations and tips for how to care for their body. The decision to engage in the bodycare of a baby may be influenced by the baby's stage of development and dying process, as well as the parents' relationship to their baby.

When death occurs after 12-14 weeks gestation (**prenatal** and **perinatal**), the birthing parent will need to labor and deliver the baby's body. If the death was expected, it is helpful to have a death plan in place that includes not only a plan for labor and delivery, but also for bodycare. While making these decisions can be stressful in the moment, talking about desires for home deathcare beforehand can be helpful to ease the trauma of the situation.

Because **pre- and perinatal** death involve delivery, and often involve medical assistance, many loss experiences involve hospital stays and medical intervention. Be aware that providing deathcare during or immediately after pregnancy can include navigating medical equipment, as well as considerable time spent in a clinical setting.

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Bodycare at Home

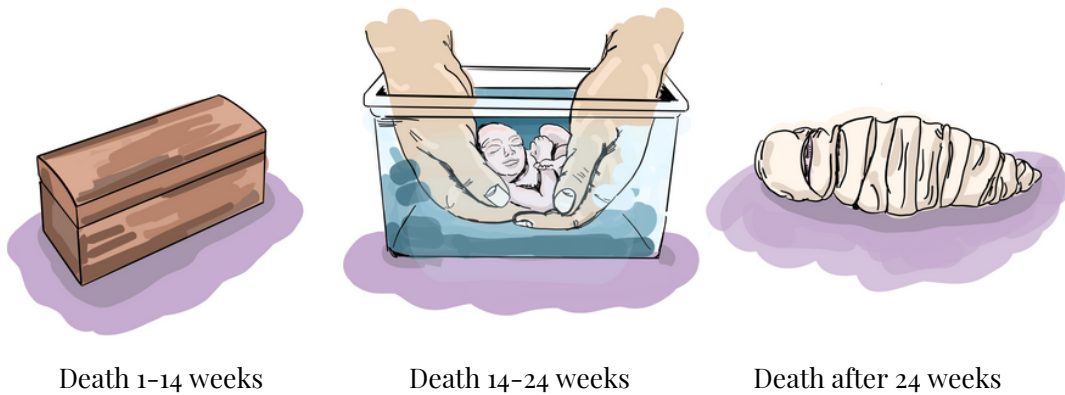


Illustration courtesy of Day Corso & Sky Gomez



Watch [Bodycare for babies](#) (excerpt), "Home Funerals 201: Caring for the Dead in Challenging Circumstances," National Home Funeral Alliance, 2022.

Watch "[Still Births & The Power of Home Funerals](#)," National Home Funeral Alliance, 2021.

4

Bodycare at Home

Prenatal Considerations

If someone knows they will be giving birth to a baby that did not make it to term, it is possible to have a home funeral. When death occurs in the first 14 weeks, it can be helpful to prepare for a delivery at home by having a strainer on hand to help catch, and therefore more easily preserve, the baby's tissues, as well as a container to put them in. When death occurs during the 15-24th week, saline solution can be used to immerse the body. During this period of development, skin is newly formed and can tear easily; therefore, saline immersion helps protect and plump the body, freshen color, and enhances the baby's features. Saline immersion is also called "neonatal immersion."

At the time of writing this guidebook, death occurring before 20 weeks of gestation, or before the baby weighs a certain amount, may not prompt the need to report the death. In most states, there are no legal requirements for reporting the death or disposition; however, with reproductive laws changing rapidly across the United States, please check on the legal requirements for where you live.

Perinatal Considerations

Perinatal deaths are fetal deaths that occur at 28 or more completed weeks of gestation. Early neonatal (newborn) deaths occur under the age of seven days old. As in **prenatal** death, an important aspect of **perinatal** death is not knowing what the state the body will be in when the baby is delivered. In some cases, babies could present with hearts outside of the body, limbs missing, or even **calcification**.

The appearance of the baby's body after delivery will depend on how far along the pregnancy was, the comfort level of the family, their deathcare choices, and the legal options available. Be aware, you will likely need to create the space and opportunity for conversations about your options, as community-involved infant deathcare is still uncommon. Home funeral guides who do home funerals and rituals for babies and children can be a helpful resource for honoring a baby's life in a way that works for the parents/family.

4

Bodycare at Home

When positioning a baby's body for a **home vigil**, note that posing an infant body is different from posing older children and adult bodies, as they do not naturally lie flat with extended legs. It is best to pose infant bodies in positions similar to that of an infant resting or swaddled.



For one family's experience caring for a baby's body, check out NHFA A Path Home Podcast episode "[Bringing Nora Rose Home](#)" (Season 1, Episode 3).



A note on bathing infant bodies

For very young children and infants, it can help to focus on what is known about the baby. For example, if they have discovered their hands and feet, taking extra care when cleaning those body parts can help represent the lived experience of the baby in its body.

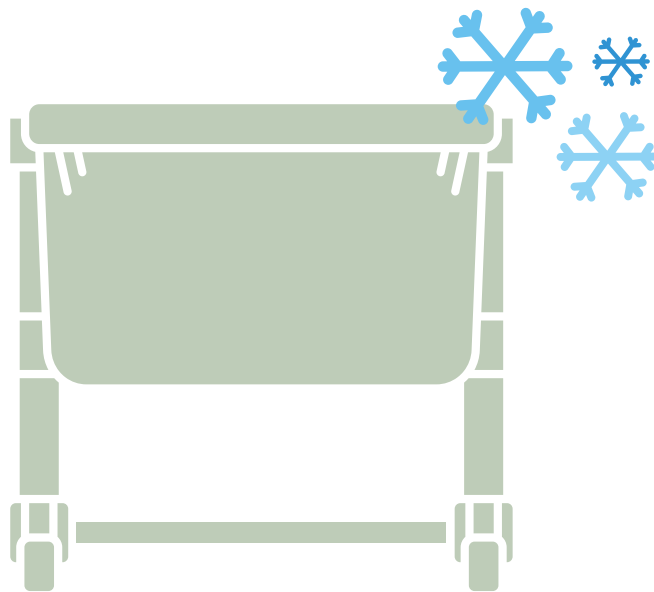
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Bodycare at Home

About Using Cold Cots

Many hospitals can provide a specially designed bassinet called a cold cot for **perinatal and infant death**, even when the labor and delivery do not occur in the hospital. When labor and delivery have been successful, these cold cots help cool, and keep cool, the body of an infant for several hours up to several days.

If a cold cot is available, it is best to bathe and dress the infant and take photographs before placing them in the cold cot. Over-freezing is still a concern. Holding the baby will cause the body to warm, so alternate between holding the body and placing it on the cot to extend the time parents and community members have with the body. You can make your own cold cot by placing a layer of ice in a container, covering it with blankets, and placing the baby on top.



4

Bodycare at Home

Considerations for which deathcare options to include

There are no differences in deathcare options that can be included whether the death occurs spontaneously or by a medically assisted procedure; however, if the birthing parent is unable to labor and deliver the baby, the medical procedures necessary to bring the body into the world may make certain deathcare options inappropriate to include.

For **prenatal** death, when labor and delivery is not possible or not wanted, a D&C (dilation and curettage) is necessary. In this procedure the body of the baby does not remain intact and may be considered medical waste. Inform the care providers about any desire to have a funeral for the baby so the remains can be preserved. A ceremony can be held with a **shrouded** container.

If the birthing parent is unable to labor and deliver the baby after 24 weeks, a procedure called a D&E (dilation and evacuation) is necessary as cesareans are not possible. After a D&E, the baby's body does not remain intact. Often, this is not possible for the head, face, or torso as those may be crushed during the procedure.

For comprehensive information,
see our *Prenatal, Perinatal, and
Pediatric Loss Guide*, coming soon.

4

Bodycare at Home

Shrouding



Photo courtesy of Lashanna Williams

Bodies cared for at home don't have to be **shrouded**, but they can be. Folks may choose to **shroud** for a variety of reasons including, but not limited to, preference, aesthetic, religious practices, cost, the type of disposition, and/or necessity (e.g. if the person didn't want to be viewed or there is body trauma).

Shrouding can take place at the beginning of the home funeral (after any bathing that will be done), or near the end of the time with the body, just before the person goes to their place of final disposition.

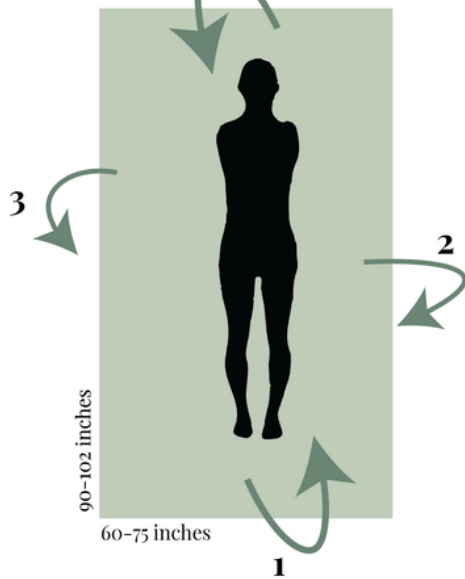
You can use any fabrics to **shroud** a body, including cotton, muslin, a bed sheet, or something like silk organza that is sheer. If the deceased had a favorite quilt or blanket, that can be used as a **shroud**, as well. There may be specific guidelines for types of **shroud** materials if choosing a natural disposition option.

Pre-made **shrouds** for purchase come in a variety of styles and may have built-in features like carrying handles. You can choose to make or decorate your own **shroud** (no sewing necessary) by decorating a sheet or other piece of fabric with markers, fabric paints, stickers, tape, patches, ribbons, rhinestones, floral elements, and more. If you'd like to sew your own **shroud**, you can do an internet search for patterns.

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Bodycare at Home

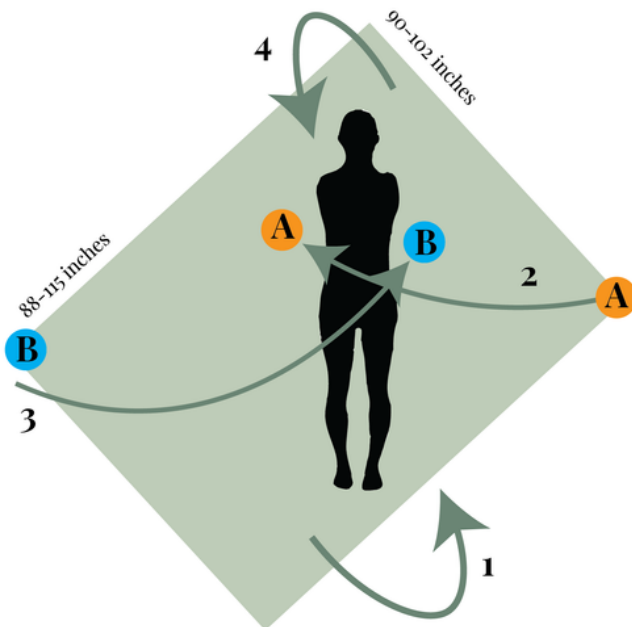
Two ways to shroud a body



Twin sheet method

Place sheet on **TOP** of decedent, long side parallel to body as one would if lying in a bed.

1. Fold bottom of sheet down over feet.
2. Roll decedent to one side and fold sheet underneath.
3. Roll to the other side and fold sheet underneath.
4. Fold top of sheet down over head.



Queen (or larger) sheet method

Place sheet **BELOW** decedent like a diamond, as shown, with more fabric on the left.

1. Fold bottom of sheet up over feet.
2. Tuck the right corner A over the top of the decedent and fold under body.
3. Tuck the left corner B over the right fold you just made and tuck under body.
4. Fold top of sheet up over head.

4

Bodycare at Home

The **shrouding** process can be elaborate or quite simple. The most basic way to shroud the body is to:

- Use at least a queen-size sheet turned to lie like a diamond
- Arrange the body on the sheet so that the head points to the top tip of the diamond, the feet point to the bottom tip, and the side points are at about the waist
- Wrap the body like a burrito/swaddling a baby
 - Fold the bottom corner up, the top corner down, tuck one side in close to the body, and wrap the remaining side tight to close
 - Covering the face can be an emotional moment and many people prefer to leave the face uncovered for the **vigil**
- **Shrouds** can be tied closed with additional fabric, scarves, ribbons, or rope
 - Place one tie around the ankles or lower legs, one around the thighs or hips, one around the arms, and one around the neck (if comfortable doing so)



Photos courtesy of Kelly Butler

4

Bodycare at Home



Photo courtesy of Sarah Crews

It is helpful to use a backboard when transporting a body in a **shroud**. Alternatively, you can use rigid items (e.g. 2x4s, a large baking tray, or a large book) so that there is something solid under the body to help keep it rigid while carrying.

4

Bodycare at Home



Photo courtesy of Sarah Crews

When transporting a **shrouded body** in a vehicle, be mindful of how it is secured. You can fill the space around the body with pillows, blankets, or low boxes to prevent it from rolling around. If using a pickup truck, it is advisable to either have a cap for the bed or a container to go over the **shroud**. Some states have rules about transporting a body in a dignified manner that might include covering the windows.

4

Bodycare at Home

Casketing



Photo courtesy of Sarah Crews

If using a casket, you may choose to place the body in it for all or part of the home funeral. Sometimes people feel they are able to get closer to and sit with the body more comfortably if it is not in a casket the whole time.

If you plan to move the person while they are inside of a casket, be sure to take measurements and/or do a test run through the space to ensure the casket can round corners and fit through doors, halls, and stairways.

4

Bodycare at Home



Photo courtesy of Sarah Crews

Caskets can be handmade, purchased from a local retailer like a funeral home, or ordered online and shipped directly to you. If the person will be flame cremated, they will likely need to be cremated in a “minimum container” or “alternative container.” This container is commonly a cardboard casket included in the price of the **cremation**. You may be able to ask the crematory to have it ahead of time to use or decorate during the home funeral, if desired. You can also line or drape a cardboard casket with fabric or a sheet if you like that look.

A **shrouded** body can also be placed in a casket.

4

Bodycare at Home

Ritual Ideas for Body Care

Ritual can look different depending on personal preference of the deceased and the living, cultural and spiritual beliefs, etc. This aspect of a home funeral can be wholly unique depending on who the deceased was and what you believe would be a fitting way to be present with them.

The following ideas for incorporating ritual into bodycare are not exhaustive and are completely customizable.



Some Ritual Ideas

Atmosphere

A unique aspect of having a funeral at home is that you can create a space that is fully specific to the preferences of the person who has died. This can include creating a playlist of music they loved to listen to as you wash and dress the body. You can personalize the scent of the room or the colors surrounding them. The possibilities are only as limited as what the deceased and the people caring for them would want.

Anointing

Use essential oils or other scented products that are meaningful to the deceased and/or the people taking care of the body.

Fingerprints, Hand Casting, Hair Clippings

If the people taking care of the deceased feel comfortable with taking fingerprints, making a hand casting, or cutting snips of hair, this can be a meaningful memory to take away from a home funeral.

Body Honoring / Storytelling

Allowing space for people to honor the body and share memories as they take care of the deceased.

4

Bodycare at Home

Sample Non-Religious Body Honoring Ritual

There are many variations of this ritual. It can be done as you bathe, moisturize, anoint, or spend time with the body. Choose any parts of the body you'd like to honor or share stories about. Feel free to adapt this ritual in ways that feel good and honorable. You could, for example, use language like, "thank these hands that..." or "bless these hands that..." or "I remember how..."

Thank this head that...*(was oh so clever)*

Thank these eyes that...*(saw the world with such wonder)*

Thank this mouth that...*(spoke such sweet words)*

Thank these arms that...*(held us tight)*

Thank these hands that...*(fed us)*

Thank this heart that...*(loved so big)*

Thank these feet that...*(traveled so far)*





5

Disposition After a Home Funeral



Options for disposition —
the final step in caring for a body —
after a home funeral.



5

Disposition After a Home Funeral

Section Contents

- Introduction to Disposition.....104
- Burial
 - Conventional Burial.....105
 - Natural Burial.....106
 - Home Burial.....108
 - Burial at Sea.....108
- Cremation
 - Flame Cremation.....109
 - Water Cremation (Alkaline Hydrolysis).....110
- Donation to Medical/Scientific Research.....113
- Natural Organic Reduction (Human Composting).....114
- Embalming.....115



5

Disposition After a Home Funeral

Introduction



The final step in the home funeral process is the disposition of the body in a way that meets the ethics and values of the deceased and those who are caring for them. Disposition options following a home funeral are nearly identical to those available after a service through a funeral home. However, some options may require additional consideration, especially for those who are not working with a funeral director. Providers of disposition services, such as cemeteries and crematories, are often used to working directly with the public. It is best to check in with a specific provider when making disposition plans to learn about their policies and procedures.

All disposition options require a **death certificate** and, in many states, a permit for transit to the place of disposition, called either a **burial-transit permit** or disposition permit for transportation. In cases where the disposition must take place within 24 hours (e.g. for religious purposes or some state requirements), there may be exceptions to permit requirements. Your state health department can help you with this. A health care agent/proxy does not have the legal authority to make decisions regarding disposition; disposition choices must be made by the next of kin or authorized agent.



To learn more, see the NHFA's website on [Filing Deathcare Paperwork](#).

5

Disposition After a Home Funeral

Burial

Conventional Burial

Burial is the process of burying (or “interring”) the body in a grave in the earth. Above ground burial (or “**entombment**”) can occur in a building called a **mausoleum**. Burial in a cemetery generally involves purchasing burial rights for a specific grave, bringing the **shrouded** or casketed body to the cemetery, and lowering it into a hole in the ground. The cemetery may also require the purchase of a grave liner or a burial vault. The grave may be marked with a headstone or marker and can be visited regularly.

- Cemeteries often charge two fees, one for the right to be buried in the purchased plot, and another for the labor to open and close the grave. Cemetery lots can be purchased in advance or at need
- Bodies are often embalmed, dressed, and **cosmetized**
- Conventional funeral homes nearly always require **embalming** for a public **viewing** prior to burial
- Burial requires a casket. Some conventional cemeteries may accept a **shrouded** body but are likely to require that the body be placed in a sealed container
- If there is no body to bury, the cemetery may offer a “memorial grove” or designated section to honor someone



To learn more about conventional burial, visit the [Funeral Consumer's Alliance on Burial](#).

5

Disposition After a Home Funeral

Natural Burial



Photo courtesy of Sarah Crews

Natural burial is the process of burying (or “interring”) the body in a grave in the earth. In contrast to conventional burial, natural burial generally does not include **embalming**, hardwood/metal caskets, and/or burial vaults. There are cemeteries dedicated to natural burial, as well as cemeteries that offer natural burial sections or options at a specific grave.

Natural burial in a cemetery generally involves bringing the **shrouded** or casketed body to the cemetery and lowering it into a hole in the ground. The casket or **shroud** is usually made of biodegradable materials from natural sources. The casket or **shroud** is placed in direct contact with the soil and buried at a depth that allows the body’s nutrients to be recycled into the ecosystem. In order to facilitate **decomposition**, bodies are generally not embalmed prior to burial.

5

Disposition After a Home Funeral



Photo courtesy of Sarah Crews

- Cemeteries often charge two fees, one for the plot, and another for the labor to open and close the grave
- Cemetery plots can be purchased in advance or at need, depending on the policy of the cemetery
- Natural burial can take place in a conventional cemetery that has opened part of the burial ground to accommodate green burial (hybrid), or a cemetery dedicated to ecological management practices, potentially including land restoration and conservation
- Community participation in opening/closing of the grave, lowering the body into the ground and creating personally meaningful graveside services/celebrations is encouraged at natural burial grounds

- Burial site markers are often made of natural elements, for example boulders or river rock sourced from the surrounding area and/or GPS coordinates
- Some natural burial grounds accept cremated remains for burial or will provide an area for scattering of ashes
- If there is no body to bury, the cemetery may offer a “memorial grove” or designated section to honor someone



For one family’s experience with green burial, check out NHFA A Path Home Podcast episode “[A Green Burial for a Green Builder](#)” (Season 3, Episode 50).

To learn more about natural burial visit the [Green Burial Council](#) or the [Conservation Burial Alliance](#).

5

Disposition After a Home Funeral

Home Burial

It may be legal in some jurisdictions to have a conventional or natural burial on private property. Rules and regulations can vary greatly from county to county. Folks exploring this option will need to check with their local county registrar, county clerk, and/or vital records office for more information about regulations in their area. Regulations may define requirements such as zoning, minimum acres of property, distance of burial from property line/water sources, and reporting GPS coordinates of the gravesite to county officials.

Burial at Sea

Burial at sea is a form of disposition that releases the body into the ocean. It requires an EPA permit and must take place at least three nautical miles from land. Burial at sea generally involves bringing the body to an ocean harbor and traveling by boat. The body can be in a container that readily decomposes. The body must sink on its own and cannot be transported by balloon, rocket, or set on fire.

- Sea burial requires a casket or **shroud** and use of a boat
- Cremated remains may be placed in “memorial reef” structures as another form of sea burial that aims to restore coral reefs



To learn more about burial at sea,
visit this [Environmental Protection Agency
Article on Burial at Sea.](#)

5

Disposition After a Home Funeral

Cremation

Flame Cremation

Flame cremation is the process of reducing the body to bone using fire. The fire burns away the soft tissues of the body leaving bone and ash. The bones are then ground to a consistent texture. The bones and ash together are called cremains or cremated remains. These can then be buried, stored, scattered, or used for keepsakes. The high temperature of the burning process locks nutrients into the bone, leading cremains to have a pH of 11.4. For this reason, scattering should be done in small amounts in hardy environments. Cremains can alter the environmental pH and burn or kill plant and aquatic life; therefore, they should be widely dispersed and not spread in vernal pools or transient waterways.

You can generally scatter cremated remains wherever you have permission of the property owner. Be sure to check with local officials for rules regarding scattering.



This is a photo of the bones that are left over after a flame cremation. After the cremation is over, these bones are typically ground in a cremulator to produce cremains, or “ashes.” Photo courtesy of Lashanna Williams.

5

Disposition After a Home Funeral

- State and national parks and institutions such as Disney restrict options for scattering ashes
- Cremains are not a candidate for natural burial unless they are amended or buried at a depth where they cannot affect root structures of trees
- Because it is considered an irreversible form of disposition (unlike conventional and natural burial), cremation requires authorization from the agent of disposition, next of kin, or advanced directive, unless authorized by the **decedent** in a pre-arrangement with the facility or a funeral home
- Cremation requires a dedicated cremation facility and an appropriate cremation container for the body



To learn more about cremation, check out the [Cremation Association Explainer on Flame and Water Cremation](#).

Water Cremation (Alkaline Hydrolysis)

Water cremation is a process of reducing a body to bone particles using heat, pressure, and an alkaline solution (similar to the dissolving processes of baking soda or lye in soap). The solution dissolves soft tissue in a specialized tank, leaving bone fragments, medical devices, and other non-organic matter. The bones are then dried and ground to a consistent texture. This remaining bone powder is called cremains or cremated remains, and can be buried, stored, or scattered as with cremains after flame cremation. The liquid that is left from the process is a nutrient rich fertilizer. Some providers discharge the liquid into the sewer system, and others donate it to be used to fertilize trees and other non-food agriculture. You may be able to ask for all or some of the liquid to keep or use yourself.

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Disposition After a Home Funeral



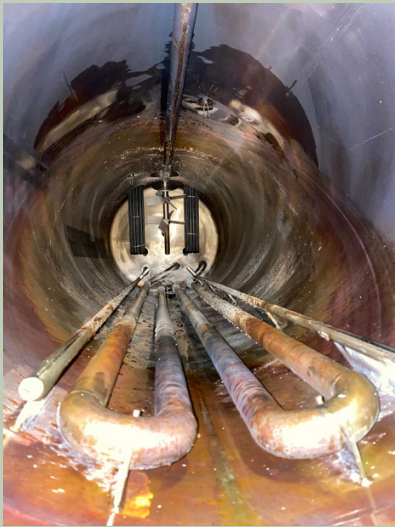
This is a photo of the bones that are left over after a water cremation. After the cremation is over, these bones are typically ground in a cremulator to produce cremains, or “ashes.” Photo courtesy of Angela Woosley.



This is a photo of ashes from a flame cremation (left) compared to a water cremation (right). Notice the differences in color. In water cremation, there is typically a 20-30% greater volume of ashes as with flame cremation, because in flame cremation more of the bone matter gets burned away. Photo courtesy of Lashanna Williams.

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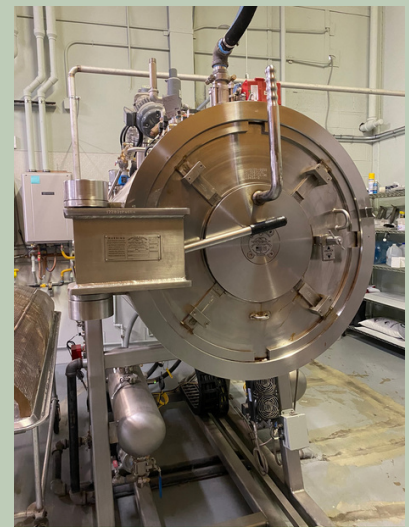
Disposition After a Home Funeral



This is what the inside of a water cremation chamber looks like. Photo courtesy of Lashanna Williams.



This is the basket where a body is placed, which then slides into the chamber shown above. Photo courtesy of Lashanna Williams.



This is what the outside of a water cremation chamber looks like. Photo courtesy of Lashanna Williams.

- Water cremation is not yet legal in every state and is not yet available in every state it is legal
- Water cremation requires a dedicated facility



To learn more about water cremation, see this [Smithsonian Magazine Article on Water Cremation](#).

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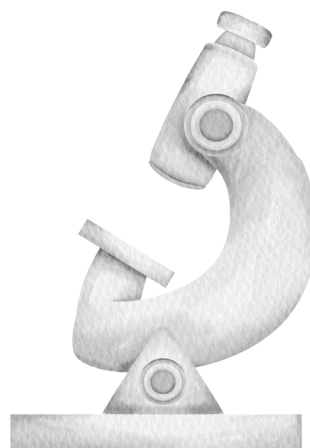
Disposition After a Home Funeral

Donation to Medical/Scientific Research

Another disposition option for people is to donate their body to a medical/scientific research program. This is generally a process that requires preplanning with a program. Each program will have its own requirements, so be sure to find out if there are any limitations on how long, if at all, the body can be kept prior to donation, and if being cooled at home is sufficient.

Bodies used for medical and scientific research do not remain intact and may be embalmed or additionally altered. Most programs cremate the remains, and while many programs return all or a portion of the **cremains** to the family/appointed agent, some programs may not return anything.

While often touted as a “free” option, there may be unexpected costs associated with donating a body to science such as shipping the cremains back to a family. There may also be conditions that prevent someone from being a donor at the time of death. Enrollment in a program does not guarantee acceptance; programs only take the bodies that they need at the time. They may be willing to help you find an alternative, but it is best to have a backup plan for disposition.



To learn more about donation to research, check out the [Physician’s Committee for Responsible Medicine Article on Donating a Body to Science](#).

5

Disposition After a Home Funeral

Natural Organic Reduction (Human Composting)

Natural organic reduction (NOR) is the process of managed **decomposition** through composting. It was designed to offer a natural disposition option to people in densely-populated urban areas. In natural organic reduction, the body is placed in a container at a facility with biomatter (alfalfa, straw, etc.) to jump-start the decomposition process. Once the soft tissues of the body are decomposed, the bones are removed and ground, then placed back with the soil. The NOR process can take anywhere from a month to several months depending on the provider's process, and produces about a cubic yard of soil (enough to fill the bed of a pickup truck). The humus (soil) that is produced can then be buried, stored, scattered, or used to grow non-food agriculture.

- NOR is not yet legal in every state and is not yet available in every state it is legal
- NOR requires a dedicated facility
- Bodies cannot be embalmed prior to natural organic reduction



To learn about one family's experience with NOR, check out the NHFA A Path Home Podcast episode "[Herland Forest](#)" (Season 4, Episode 60).



To learn more about NOR, check out this [TalkDeath Article on Natural Organic Reduction](#).



5

Disposition After a Home Funeral

Embalming *Did you know?*

Embalming is the process of temporarily slowing the natural process of **decomposition** that takes place in the body after death by disinfecting, sanitizing, and temporarily preserving the body using chemicals. It is a procedure that involves draining the body's fluids and replacing them with chemicals, as well as puncturing abdominal organs to remove fluids and gas, and then filling the chest and abdominal cavities with chemicals. This must be done by a professional embalmer in a dedicated facility. An embalmed body will feel different to the touch and will no longer be malleable. Embalming can increase the time a body can be viewed and may help with the body's physical appearance in cases where, for example, there is trauma to the body and a reconstruction will be done, the person had jaundice or was in a state of decomposition, etc.

Formaldehyde-based embalming chemicals are caustic and carcinogenic and may carry a risk to the embalmer during the embalming process, but carry a minimal risk to healthy soil, mourners, or the environment. Most natural burial cemeteries will not allow burial of an embalmed body.

There are alcohol-based embalming chemicals that reduce the risk to the embalmer, but these chemicals do not fix or firm the tissues or disrupt the process of natural decomposition, and may not be allowed at natural burial cemeteries or natural organic reduction facilities.





Grief & Vigils



Different approaches to thinking about grief
and ways you can care for yourself
while you are grieving.



6

Grief & Vigils

Section Contents

- Introduction to Grief & Vigils.....118
- Ways to Think About Grief
 - Tasks of Mourning.....119
 - The Ball in the Box.....120
 - Ring Theory.....121
 - Grief in the Body.....122
- Ways to Care for Ourselves While Grieving.....123
- How Home Vigils May Help Your Grief.....127



6

Grief & Vigils

Introduction



In this section, we review different approaches to thinking about grief and suggest some ways you can care for yourself while you are grieving. We also talk about how **home vigils** may be helpful in grief.

You may be wondering if or how your experience of grief will affect the process of caring for your person or hosting a **home vigil**. The answer to this, and any other question about grief, is it depends. Your grief is personal and unique to you; grief is impacted by our past experiences, our current situations, our families, communities, work, and so many other factors.

Here are some ways to think about grief, some ideas for taking care of ourselves and each other while we are grieving, and information on how home funerals may help with the grief process.

6

Grief & Vigils

Ways to Think About Grief

There are many theories about grief from folks like George Bonano, Elizabeth Kübler-Ross, Paul Rosenblatt, Phyllis Silverman, and others. If research like this helps you, we encourage you to explore resources like [What's Your Grief](#).

Tasks of Mourning

In the simplest sense, we can think about the grieving process as a series of tasks. Though they don't have to be "completed" in any order, and there's no true end to grief, the idea of tasks may make the idea of grieving a bit more manageable. William Worden proposes these four grief tasks:

Acknowledge the reality of the loss

This task involves not simply saying "this person has died," but understanding completely that this death is real. Sometimes grieving people experience disbelief through words like, "I can't believe they're gone." Spending time with a person's body after death helps us see the changes that occur after death, which helps us truly know that this person has died.

Process the pain of grief

Like every aspect of your grief, the way you process your pain, the time it takes, and what helps you in this process is very individual to you. The pain of your grief may include feelings of anger, shame, relief, loneliness, blame, despair, and many more. All of these feelings are okay and valid to experience.

Adjust to the world without the deceased

Death leaves a void that can be felt physically, emotionally, and spiritually, and it takes time to get used to all of these changes. Some of the adjustments we make while grieving are practical, too. For example, you may find yourself learning new skills around the house, filling new roles in your family or community, or experiencing things in new ways. Each new skill, role, or experience is a new adjustment.

Reinvest in your new reality

This task is a little tricky, and not without controversy. Is the "goal" of grief to move on? To "get over" it? To abandon the deceased? Absolutely not. Worden has revised this task multiple times but, in general, he suggests that when we reinvest in our new reality, we find a way to carry the memory of the person who died with us into a future, where we continue to live a fulfilling life.

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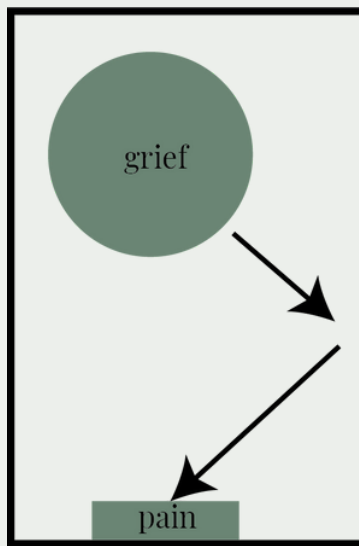
Grief & Vigils

The Ball in the Box

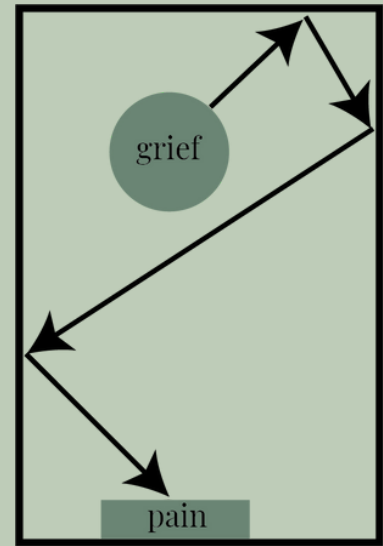
Sometimes grief feels overwhelming, as if how you feel now will be how you will always feel. Often, as time goes on, our capacity to hold our grief grows and makes the grief feel less present in our lives. It may help to imagine your grief with the “ball in the box” concept introduced by Lauren Herschel.



Imagine grief as a ball bouncing around a box with a pain button inside. When grief is new, it takes up most of the box and hits the pain button over and over again so the pain is fairly constant and seems unrelenting and completely overwhelming.



Over time, the ball shrinks a bit, but a song or a memory can trigger the ball and as it bounces against the pain button it still hurts just as much. The ball will shrink at different rates for each person experiencing grief.



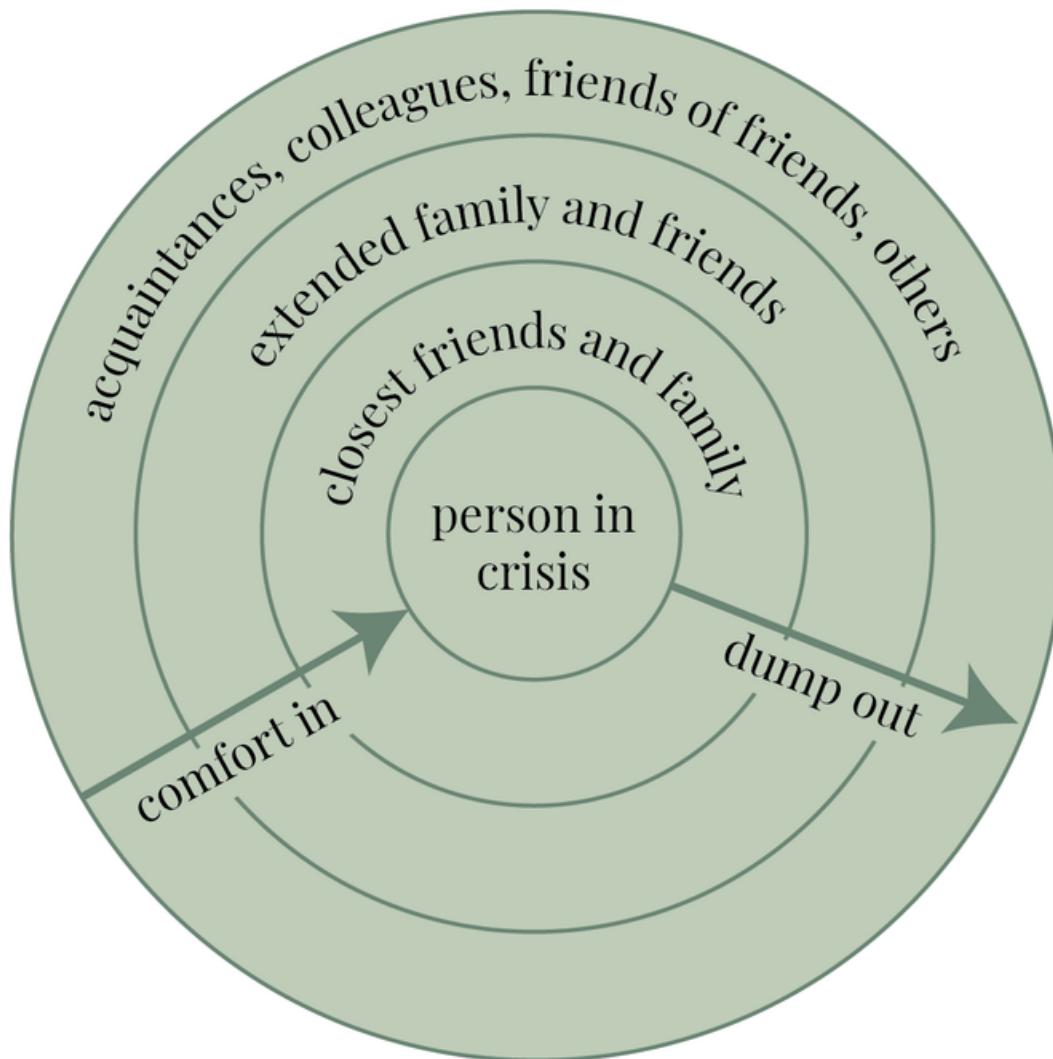
As the ball continues to get smaller over time, one can function day-to-day more easily and have more time to recover between hits. However, the ball can still hit the button randomly and it may be surprising how much it still hurts.

6

Grief & Vigils

Ring Theory

Think about the people in your support network. When your grief needs an escape valve, engaging with those folks may greatly help. The “ring theory” from Susan Silk is a way of picturing grief support. The theory tells us that the person acutely experiencing grief gets to vent (or “dump”) to anyone they need to. It also tells us that you, the person at the center of this crisis, should only be receiving comfort from those around you. It is not your responsibility to comfort others who are feeling this loss less acutely.

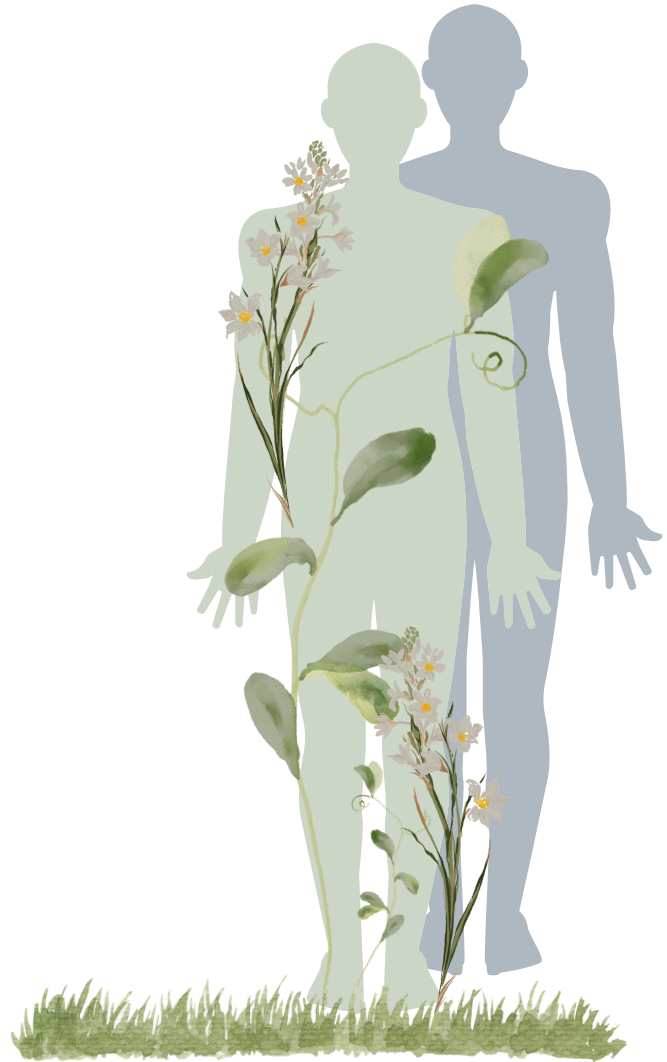


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Grief & Vigils

Grief in the Body

Grief is a learning experience, and oftentimes our minds and bodies learn about and understand the death of someone at different rates and in different ways. The logic center of our brain is highly skilled at learning, and can help us use our words to talk about and process our grief. On the other hand, the base of our brain is responsible for regulating things like our heart rate and breathing. In the depth of our grief, it keeps our bodies on high alert, engaging our reflexes and “fight or flight” response. Stress hormones continue to flood our brains with chemicals designed to help us cope with a crisis by engaging our physical bodies. Slowing down, breathing, and drinking plenty of water help calm these physical responses and help our bodies “catch up” with our logical brain.



Take time; death is not an emergency

In many of these ways of thinking about grief, we see how important it is to purposefully take time to process your grief, and how time spent with the deceased helps us slow down and absorb the details of these moments. At a time when our thoughts may be scattered trying to acknowledge the reality of this death, time truly is a gift. Do not be afraid to take up time; death is not an emergency.

6

Grief & Vigils

Ways to Care for Ourselves While Grieving

No matter what, your feelings of grief are normal, including the feelings that seem abnormal. It is common for grieving people to hear the deceased's voice or even see the person who died. It is also common for grieving people to feel scattered, have trouble concentrating, or think they are "going crazy." You may have trouble sleeping and eating, or feel like you are sleeping or eating too much. If you can remember to be gentle with yourself, you will find your way through grief. There are many ways to cope with grief and care for ourselves, remembering that it's important not to hurt ourselves or others in the process.



Some ideas for care

Movement

This can include abstract movement like rocking, swaying, twisting, shaking it out, flicking our hands, or more organized activities like walking, dancing, yoga, etc. Movement can help us be more present in our bodies and get our energy flowing.

Self-expression

Making art, playing music, journaling, or building things

Connecting with nature

Being with animals and/or in nature can help us slow down and relax.

Massage

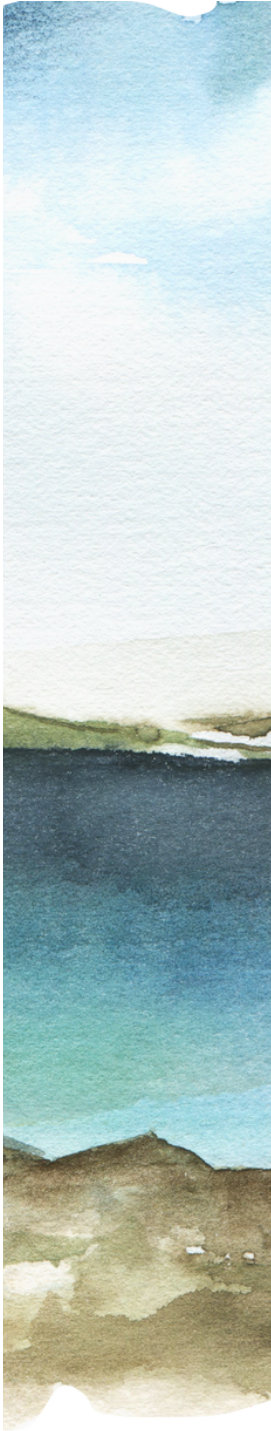
Self massage or progressive muscle relaxation (PMR).

Asking for support

This can be difficult to do sometimes, but it is important to remember that togetherness and community can help us grieve.

6

Grief & Vigils



Unplugging/plugging in

Whichever one works for you, and that can change depending on the day. If you need a comforting presence when you can't sleep, keeping your favorite TV show on in the background can help. Some days, mindlessly scrolling social media may help you keep it together. Other days, you may recognize the need to break that pattern and put the phone away

Sleep

For some, it can be hard to sleep when we are feeling grief. For others, oversleeping is the state our bodies naturally fall into when we are sad. Find balance with this if you can, as too much or too little sleep are both bad for our health.

Hydration

It can be so hard to remember to stay hydrated, but it will help you feel better and help keep you from the negative health effects of dehydration.

Eating

We all react differently when it comes to eating and emotions. If you are having a hard time remembering to eat, try to plan social activities around food, set alarms, or use other methods that work best for you to remind yourself to get food in your body. Comfort foods, warm foods, foods that remind you of your childhood - whatever makes you feel good and puts nutrients in your system. Be kind to yourself and your relationship with food.

Grounding and Mindfulness

Many different techniques exist to help us feel more mentally and physically grounded. For example, mentally scanning your body can help you intentionally focus on different parts of your body and determine where you are holding your stress. There are many websites with information about mindfulness meditation, which can help you regulate your emotions and connect with your body.

6

Grief & Vigils

Saying yes/saying no

Sometimes it is hard to say no to people, and sometimes it is just as difficult to say yes. When you are grieving, it is helpful to say what you mean so you actually get what you need from the people around you. Don't want visitors? Say so, so that you don't end up with an unwanted crowd of people in your home. Do you need help? Please say yes when help is offered; most people genuinely want to help when they ask.

Support groups

It can be helpful to grieve with others. Sometimes those people are friends and family. Sometimes they are strangers who come together solely because they have one thing in common that is hard to talk about with others who might not understand. Support groups can be long or short-term, and you can attend them in person or over the internet. You can find support groups that are general, ones that are very specific to the type of death, and others that are open to people who had a particular type of relationship with the deceased. The organization Compassionate Friends, for example, offers support groups specifically for bereaved parents. Your local hospice will likely have a support group that is for a more general population.

Therapy and/or grief counseling

If you were already attending therapy prior to grieving, your individual therapist should be able to help you process your loss. If you were not, therapy or grief counseling could be beneficial to seek out. What is the difference between the two? Therapy usually takes a longer period of time, and will process the grief and other related issues that come up. When the particular death you are mourning is one piece of the bigger picture of what is happening in your life, therapy may be right for you. Grief counseling is often short-term and focused on the current loss. Therapists are required to be licensed clinicians, while grief counselors may be peers who have also experienced loss.



6

Grief & Vigils

Remember you are the expert of your grief journey.



Remember that you are the expert of your grief journey. Some of the above suggestions may sound helpful to you, some of them may not speak to you at all, and what might work best for you might not even be listed here. This is not a comprehensive guide to grief support and it just scratches the surface of what resources exist for self-care and community support. Take what you need and leave the rest.

If you are experiencing grief that is not getting any easier over an extended period of time, if you feel like you are having difficulty coping long-term, or are having thoughts of hurting yourself or others, please do seek out professional help. While the NHFA does not endorse any particular therapist directory, a few that may be helpful to you in searching for a therapist include [Psychology Today](#), [Inclusive Therapists](#), [Mental Health Match](#), and [The National Queer and Trans Therapists of Color Network \(NQTTCN\)](#).

6

Grief & Vigils

How Home Vigils May Help Your Grief



When we are grieving, ritual behaviors can be therapeutic. Acts of ritual can create emotional intimacy, bind the participants to both each other and to the larger group, and help those in mourning channel their feelings of grief. Ceremonies and ritual give meaning to life transitions and can help folks cope with the suffering felt after the loss of a community member. A key component of **home vigils** is creating individualized rituals to help people grieve in a way that is healthy for them personally. A **home vigil** can be whatever you need it to be to help you - the possibilities are endless.

Home funerals often last several days, giving those who are mourning more time to express memories and feelings of grief (both of which are important for working through grief). **Home vigils** allow space to slow down and be present with the person who died. They give your body a chance to process grief while allowing the brain and self to remember, again and again, that this death is real. **Home vigils** allow space to accept love and comfort from people in your circles, in a place where you are most comfortable. They provide both a break from daily routines, and space to adapt new daily routines in the absence of the person who died. Essentially, **home vigils** can help you metabolize your grief.

Many people who choose **home vigils** or **community-led deathcare** do so in order to slow down and take time to process a death. In a society that pressures us to produce, perform, and consume, taking time and space to sit with grief can be a radical act.



Appendices



Section Contents

- Appendix A: Special Circumstances & Considerations
 - Introduction.....131
 - Body Trauma.....132
 - Organ Donation.....133
 - Autopsy.....137
 - Decomposition.....139
- Appendix B: Social Security Administration.....141
- Appendix C: Declaration of Final Disposition
& Funeral Wishes.....143
- Appendix D: Home Funeral Steps Checklist.....148
- Appendix E: Sample Death Certificate Worksheet.....150
- Appendix F: Checklist of People to Notify After a Death.....151
- Appendix G: Memorial or Celebration of Life
Planning Checklist.....152

7

- Appendix H: Legal Documents to Have Prepared in a Safe Place.....153
- Appendix I: Additional Important Information, Items, and Documents to Track Down.....154
- Appendix J: Home Funeral Pricing Worksheet.....155

Appendix A

Special Circumstances & Considerations

The National Home Funeral Alliance trusts that people can care for the dead themselves, if they choose to. We are not ones to say what people can and can't handle, or what they should or shouldn't see or do. We believe it is not our place, nor is it the place of medical professionals or funeral providers to decide what's best for you and yours.

In covering these special circumstances of body trauma, organ and tissue donation, autopsy, and cases of decomposition, we will present detailed and unbiased information on the ways that you may care for your dead yourself, despite the condition of the body.

There are a few ways you can assess the condition of the body to decide how much bodycare you'll want to do yourself, if any. You can ask to see the body yourself, ask someone you trust to see them, or ask hospital staff, emergency personnel, coroners, etc. to provide direct and factual information about the state of the body. It is okay to set a boundary when making a request for information from others to establish if you do or do not want their opinion about your capability to care for the body yourself.

Depending on the situation and/or the cause of death, as well as the comfort level of the community caring for the body, there may be cases where you choose to enlist the services of a home funeral-friendly funeral director. These professionals can offer advanced bodycare preparation like reconstruction, restorative art, and/or embalming prior to a home funeral. For example, if the deceased had kidney/stomach diseases or died from **sepsis**, you might run into more gas and purging than you would choose to handle on your own. With a home funeral-friendly funeral home, you can arrange to have the body cared for by a professional and then have them brought home.



Content Warning

This section includes discussions, descriptions, and directions about caring for a body that has sustained physical trauma. Please use discretion.

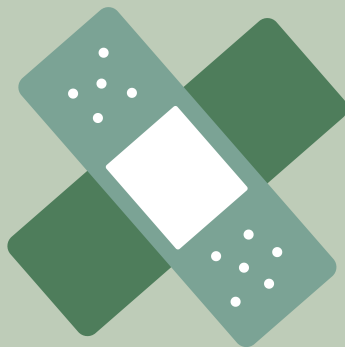
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Body Trauma

When someone dies suddenly or unexpectedly in an accident, homicide, or suicide, there is likely already strong emotional intensity surrounding the death. If a body has endured traumatic damage, discuss with other community members who will care for the body, their capacity for hands-on bodycare, and to what degree the body will be viewed publicly.

You can still hold a home funeral even if body trauma has occurred. If there is a desire or need for reconstruction of the damaged parts of the body, you can hire a licensed professional (e.g. funeral director, restorative artist, or embalmer). It may be necessary for a restorative artist to embalm the body first, as embalming firms and dries the skin, making it easier to repair. You will want to inform the professional that the body will be going back home (or to another private location) for a **viewing**. You may need to call around to find a supportive professional.

Depending on the type of trauma and the community's ability to tend to the body, wounds can be bandaged and/or covered with sheets, towels, scarves, or other fabric. It may be helpful to tape, sew, staple, or glue the fabric in place so wounds are not exposed while interacting with the body.



Clean and bandage open wounds just as you would in life. Sanitize with isopropyl alcohol or hydrogen peroxide to limit bacterial growth. Peroxide is also useful for removing blood stains from hair and cloth materials. Use regular bandages, butterfly wound closure strips, and/or gauze and medical tape, as needed. You may choose to place ice directly on large wounds or incisions. Cornstarch can be applied to wounds to absorb moisture.

When some parts of the body must be covered, other parts can be left exposed when other important parts cannot. For example, if the face must be covered, you can leave a hand or tattoo uncovered so folks can be present with and interact with the person's features one last time. If the body will be fully **shrouded** or in a closed casket, you can use photos at the **vigil** instead.

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Body trauma related to the cause of death may not only affect how a body looks, but also the position a body can (or can't) be placed in for a **viewing**, the odors present, and more. These may be cases where you enlist professional help. In cases where there will be no **viewing**, see our section "What if There is No Body" in Section 2: Planning a Home Funeral.



Listen to [a story of bodycare after a young man dies in a car accident](#), an excerpt from the NHFA video "Home Funerals 201: Caring for the Dead in Challenging Circumstances" (2022).

Listen to [a story about providing care focused on only a few parts of the body](#), an excerpt from the NHFA video "Home Funerals 201: Caring for the Dead in Challenging Circumstances" (2022).

Organ Donation

If the deceased was an organ and/or tissue donor, you can still have a home funeral.

Organ donors are typically only eligible to donate transplant organs if they died in a hospital setting, because the organs need an ongoing supply of blood and oxygen to remain viable. It is most often an option when someone is declared clinically brain dead but is on life-support to keep their other organs working. Organ donation may include the removal (also referred to as "recovery") of the heart, lungs, liver, kidneys, pancreas, and intestines. Some hospitals can facilitate organ recovery upon cardiac death if the person can be moved to an operating room immediately.

Tissue donation may include the removal of the corneas, bone, tendons, skin, heart valves, veins, and arteries. Tissue donors may be eligible to donate even if they did not die in a hospital. Some donor organizations, also known as organ procurement organizations (OPOs), allow up to twelve hours after the time of death before they need to have the body moved to their facility for recovery. This means it may be possible for you to spend some time with the body before and/or after tissue donation, depending on factors like where the death occurred and the organization's policies.

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Be sure to let the OPO know that you are preparing the body without a funeral director and/or will not be going to a funeral home. You can request that they pack the areas where organs/tissues were removed, tightly and neatly suture incisions, wrap the body well, and/or dress it in a Unionall. Be aware of their policies for self-transport and plan accordingly.

Some OPOs recover tissue on-site at funeral homes or regional hospitals, so be sure to check with the OPO about where the recovery will happen if you are transporting the body yourself. When a body is transported to a recovery facility, the initial transport cost may be covered by the donor organization. Transport from their facility to a home, funeral home, or to the place of final disposition is typically not a covered cost.



Photo courtesy of Tawnya Musser

Unionalls are plastic one-piece bodysuits used to contain fluids, often after autopsy or organ/tissue donation. You can dress a person in clothing once the **Unionall** is in place. If opting for a disposition method like natural burial, natural organic reduction (composting), or water cremation, the **Unionall** will likely need to be removed before disposition. Talk to the disposition provider.

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Caring for a Body After Organ & Tissue Donation

Because organ and tissue donation is a surgical procedure, special considerations need to be made for the care of the body. If the OPO sutures and wraps recovery sites well, you may choose to simply work around the wraps or dress the body in a **Unionall** while caring for them. There is always the option to **shroud**, veil, and symbolically care for parts of the body (e.g. the hands or face) if preparing the entire body feels overwhelming.

You may need to take extra care when turning, bathing, and dressing the body after organ/tissue donation. Remember that, if possible, it is important to have multiple folks help with moving, turning, and transporting a body. If caring for the body yourself feels overwhelming, and/or there is more suturing or advanced care required after organ or tissue recovery, you may consider working with a professional.

The long bones of the legs and arms may have been removed and replaced with wooden sticks (dowel rods) or some other material that gives the limbs structure. If the bones have not been replaced and it is difficult to move the body, you can stabilize limbs by splinting them with dowel rods, pvc pipe, broomsticks, or boards (note: PVC pipe/plastic isn't compatible with natural burial, natural organic reduction, or water cremation). Check with the OPO to see what materials they use.

The OPO likely removed large sections of skin, as well as tendons and other soft tissues from the abdomen, back, and/or limbs. If the recovery sites are not already bandaged - and you don't want to hire a professional to tend to the body for you - you can tend to them yourself (i.e. cleaning, drying, covering, bandaging and/or wrapping them). Try not to get incisions or recovery sites wet. Once the area around the recovery site is clean and dry, you can use an **absorbent** material (e.g. cotton, gauze, panty liners, or strips of **chux pads**) to cover the sites, then tape the material down with medical or even duct tape. You may be able to "seal" incisions using glue like Gorilla Glue, which tends to work better than super glue for wounds/incisions. You can also prevent leakage by wrapping areas with these **absorbent** materials, and wrapping again with plastic wrap or butcher paper. Note that some of these tapes and materials may not be compatible with certain disposition types; check with your disposition provider. Last, you may want to place ice directly on the incision/recovery sites when cooling the body.

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Photo courtesy of Sarah Crews

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Autopsy

An **autopsy** is a **postmortem** examination to determine cause of death and may include a surgical procedure. The medical examiner/coroner may need to make incisions in the chest, abdomen, and head or to remove organs/tissue/fluid. If incisions are made, the medical examiner/coroner's office will stitch them closed. There is no cost associated with an autopsy when a medical examiner/coroner orders it. Be sure to learn the autopsy provider's policy for non-funeral director transport and any state rules for containers and vehicles.

If the deceased underwent an autopsy, you can still have a home funeral. Special considerations may need to be made for the care of the body at home if there was a surgical autopsy. Inform the medical examiner/coroner that the body will not be going to a funeral home, and ask them to tightly and neatly suture incisions, and to rinse the body.

You may ask the medical examiner/coroner not to do a surgical autopsy, if possible, if the cause of death is obvious, like in the event of an accident.



[Watch a story](#) about asking the medical examiner not to do an invasive autopsy when the cause of death seems obvious enough.

Bodycare After Autopsy

You may need to take extra care when turning, bathing, and dressing the body after an **autopsy**. Remember that, if possible, it is important to have multiple folks help with moving, turning, and transporting a body. If preparing the entire body feels overwhelming, consider the option to **shroud**, veil, or symbolically care for a part of the body, such as the hands or face, instead.

Treat incisions as you would any other wound by cleaning and drying them. Try not to get water inside the incisions. You can bandage or cover incisions, if desired, following recommendations in the previous section. If you have concerns about leakage from incisions or other wounds, you can use a **Unionall** suit. You may want to place ice directly on the incision sites when cooling the body.

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The head may have been shaved and/or cut, in which case there will be prominent stitches across the scalp. You can speak with the autopsy provider to request that a cranial incision not be made right on the front of the head, though they may or may not be able to accommodate your request. Hats and scarves can be used to cover cranial incisions. If eyes are removed during an autopsy, the eye sockets can be filled with cotton balls so they don't look sunken.



Listen to a story of bodycare after autopsy in the NHFA *A Path Home* Podcast episode "[Farewell to a Gentle Giant.](#)"

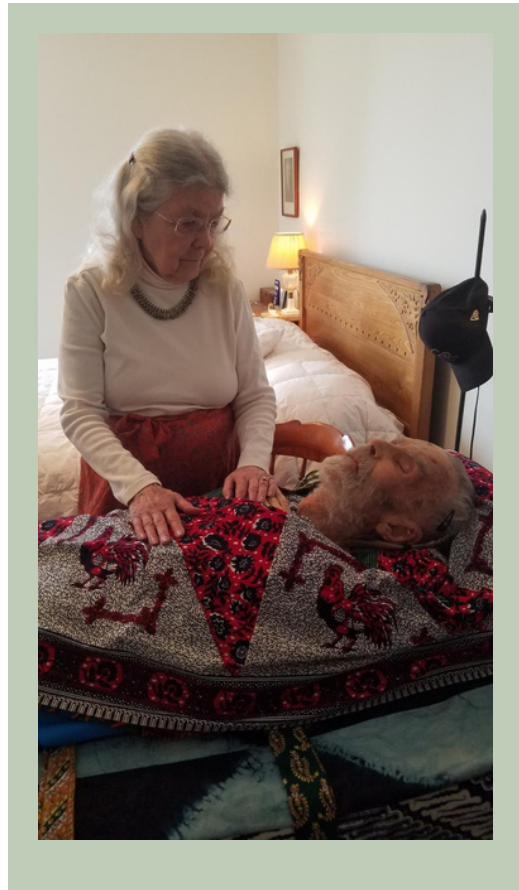


Photo courtesy of Sarah Crews

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Internal Organs

If the internal organs (known as viscera) were examined as part of the **autopsy**, they are often placed in a plastic bag (known as a viscera bag) in the abdomen before the body is sewn up. Plastic bags are typically not compatible with natural burial, natural organic reduction (NOR), or water cremation, so they may need to be removed from the body in these cases. Be sure to check with the facility performing the disposition to learn their requirements and what assistance they offer to prepare the body.

Water crematories and NOR facilities generally operate under licenses that allow them to remove the plastic bag for you as a part of the disposition process; however, there may be natural burial cemeteries that don't remove these plastic bags. In this case, you can ask a professional to remove the bag for you; the cemetery may have a funeral home they can refer you to.

You can ask your autopsy provider to either not use a plastic bag when placing internal organs back into the body and/or to dispose of them on your behalf. If you request that they dispose of organs for you, the abdomen will look empty/sunken. You can pad the sunken area by placing cotton batting, cloth, or another other material underneath the clothing.

Decomposition

You can still have a home funeral if the body is in the early stages of decomposition.

Decomposition is the natural process after death that begins with the breakdown of living cells and bacteria growing and reproducing in the body. As decomposition progresses, skin changes color and texture, gasses build and are released, and fluids leak from the body. Once decomposition is complete, all that is left is a skeleton.

Factors that affect the speed of decomposition include time since death, condition of the body, air temperature, humidity, and more. The sights and smells of a body that has started to decompose may understandably be distressing to the living.

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Caring for a Decomposing Body

Usually, when a body experiences decomposition, they will also be cared for by a medical examiner or coroner, and an **autopsy** may be performed. In general, you can follow the guidance given in Section 4: Bodycare, but extra care should be given to prevent further decomposition by keeping the body cool. You may wish to hire a professional in cases of decomposition if a **viewing** is desired.

Skin slippage (skin slip) is the separation of the outermost layer of skin (epidermis) from the underlying inner layer of skin (dermis). There may or may not be fluid (**edema**) in the spaces. The skin can even split and leak. This is a natural process, but many people prefer to treat it using isopropyl alcohol on affected areas to dry out the skin. Another option for treating skin slip is to wrap the area with saran wrap or butcher paper taped/tied into place. Butcher paper is the preferred choice if natural burial is the desired method of disposition because it is compostable. If there is a lot of fluid or a large opening in the skin, you can use cotton balls, cotton batting, gauze, or strips of chux pad to cover the affected area before wrapping it. Using cornstarch can help absorb fluid, as well.



Watch a [discussion on caring for a decomposing body](#) and the importance of allowing others to decide what they can handle.

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Appendix B Social Security Administration

Reporting a death to the Social Security Administration is an important step for benefit purposes and protecting the decedent's social security number from being used in identity theft.

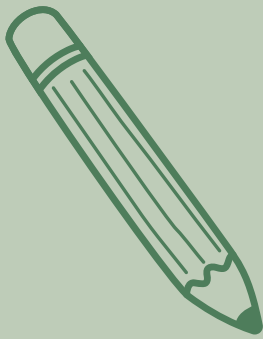
If you are not using a funeral director to file the death certificate, and/or if you want to ensure this step is completed, then you will need to notify the SSA of the death yourself.

Below are details from the SSA's website on how complete that notification:



In most cases, the funeral home will report the person's death to us. You should give the funeral home the deceased person's Social Security number if you want them to make the report. If you need to report a death or apply for benefits, call 1-800-772-1213.

"Survivors Benefits," Social Security
Administration



Note on Appendices C-I

Some of the information in these appendix sections is copied from the body of this book to aid in having an entire section of printable material, so you don't need to print the whole book and allows you to save paper.

Appendix C

Declaration of Final Disposition & Funeral Wishes

On the next page you will find a template for a sample declaration of disposition and funeral wishes.

Please note:

National Home Funeral Alliance (NHFA) is not a law firm, nor do we offer legal advice. This affidavit is provided as a courtesy.

Please use full legal names for both people (not chosen names) because government-issued photo identification will be required by an appointed agent to make arrangements.

You don't have to have this form notarized, but doing so helps ensure its legal recognition.

We included a general notary line at the bottom of this form but your state may require specific notary language, so you may need to check if your state does and include it at the bottom when getting your form notarized.

7

DECLARATION OF FINAL DISPOSITION & FUNERAL WISHES

DECLARANT

I, _____ (*full legal name of declarant*), being of sound mind and lawful age, hereby revoke all prior declarations concerning the disposition of my last remains and those provisions concerning disposition of my last remains found in a will, codicil, or power of attorney, and I declare and direct that after my death the provisions outlined in this document be taken.

APPOINTED AGENT

I, the above named declarant, appoint (*full legal name of agent*) _____ to carry out my wishes as set forth in this declaration. If this agent is unwilling or unable to act, I nominate (*full legal name of alternate agent*) _____ as my alternate agent.

DEATH ANNOUNCEMENT

I would like my death announced in the following public ways:

- Obituary in a newspaper (please specify the newspaper: _____)
- Social media (please specify the platform: _____)
- Other (please specify: _____)
- I do not wish to have any announcement published online or in print upon my death

DISPOSITION

1. If permitted by law, my body shall be (initial ONE choice):

- Buried (*conventionally*)
- Naturally buried
- Entombed
- Cremated by flame
- Cremated by water (*alkaline hydrolysis*)

7

I would like my cremains (*initial all that apply*)

- ___ Inurned/buried at _____
- ___ Stored in _____ at _____
- ___ Scattered at _____
- ___ Composted (*natural organic reduction*)

I would like the compost my body creates to be used _____

___ Other: I direct that my body be disposed of as follows: _____

2. I have chosen the following provider/cemetery/crematory for my disposition (*enter n/a if unknown*): _____.

3. If for some reason my first choice of disposition isn't an option, I choose the following method(s) as an alternate: _____.

ORGAN/TISSUE/WHOLE BODY DONATION

I hereby make an anatomical gift, to be effective upon my death, of:

- A. _____ Any needed organs/tissues
- B. _____ The following organs/tissues only: _____
- C. _____ Whole body donation to the following program _____

Donor signature: _____

BODY CARE

Prior to the disposition above, I want my body to be cared for in the following ways (bathing, anointing, clothing, accessories, makeup/cosmetizing): _____

7

VIEWING/VIGIL

- At home for up to (how long) _____
- At a mortuary/funeral home
- Shrouded vigil only
- No viewing at all
- Public (advertised in a local paper)
- Private

Additional notes on viewing: _____

CONTAINER

I request the following container:

- Shroud
- Casket
- Urn

Additional notes on container: _____

CEREMONY

I request the following ceremonial arrangements for my funeral/memorial/celebration of life. *(This may include, but is not limited to location, songs/readings, religious vs. non-religious, officiant choice, colors, flowers, clothing, donations made in remembrance, etc. Attach additional pages as needed.)* _____

PAYMENT

I have a pre-need/pre-paid contract with _____.

I do not have a pre-need with any provider and as such my disposition and ceremony costs should be paid with funds from (life insurance, bank savings, other): _____.

7

I make all of these requests with a sound mind and I am acting of my own free will. I wish to have my funeral instructions respected and followed by those who survive me, to the best of their abilities and within the realm of what is possible at the time.

I may revoke or amend this declaration in writing at any time. I agree that a third party who receives a copy of this declaration may act according to it. Revocation of this declaration is not effective as to a third party until the third party learns of my revocation. My estate shall indemnify any third party for costs incurred as a result of claims that arise against the third party because of good-faith reliance on this declaration.

I execute this declaration as my free and voluntary act.

Date

(Signature of Declarant)

Notarization

STATE OF _____ COUNTY OF _____

On this __ day of _____, 20__, the said _____,

_____, and _____, known to me (or satisfactorily proven) to be the person named in the foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated herein.

My Commission Expires: _____

Appendix D

Home Funeral Steps Checklist

You may be planning a home funeral for yourself, for a person you will be caring for after they die, or acting in a support role. Planning ahead for a home funeral is highly encouraged. It is important for those desiring a home funeral to make their wishes known in writing, when possible. Sometimes a death occurs with no plans in place, leaving survivors to make do with the information and resources they have. Whether you're planning in advance or need in-the-moment support, this section offers guidance. Below is a simple checklist that captures the big picture:



Home Funeral Checklist

- Plan ahead by completing all legal documents you may need, such as an advance healthcare directive, last will and testament, and declaration of final disposition and funeral wishes. *(See Appendix H: Legal Documents to Have Prepared in a Safe Place)*
- Learn what legal requirements exist for holding a home funeral in your state *(see [NHFA's State Requirements page](#))*
- Decide what immediate notifications need to be made following a death *(see Appendix F: Checklist of People to Notify After a Death)*
- Decide which professionals you want to hire, if applicable
- Locate any needed legal documents
- Fill out a record of death
- Plan transportation for the body
 - Decide how the body will be transported *(page 34)*
 - File and obtain a **burial-transit permit**
- Plan for the disposition
 - Choose a disposition method, such as burial, cremation, or natural organic reduction *(page 102)*

7

- Call the disposition provider (funeral home/cemetery/crematory) to arrange/schedule final disposition and provide them with any signed authorizations or paperwork
- Make or buy a disposition vessel (e.g. a shroud, casket, urn, etc.)
- Plan for home funeral details such as:
 - Gathering community and assigning roles and responsibilities
 - Gathering supplies
 - Preparing the space
 - Caring for the body
 - Inviting guests
 - Including ritual and ceremony
- Plan a memorial/celebration of life, if having one
- Tend to your grief
- Complete additional paperwork/to-dos after the home funeral such as:
 - Obtaining certified copies of the death certificate
 - Tending to any outstanding legal and financial matters (*see Appendix F: Checklist of People to Notify After a Death*)

7

Appendix E

Sample Death Certificate Worksheet

- Legal Name _____
- Social Security Number _____
- Sex _____
- Race (specify if Hispanic) _____
- Date of Birth _____
- Birthplace _____
- Age at Last Birthday (+ months, days, hours, minutes) _____
- Father's Name _____
- Mother's Maiden Name / Mother's Name _____
- Marital Status _____
- Spouse's Name _____
- Address _____
- US Armed Forces? _____
- Education (highest level/degree) _____
- Employment _____
- Name of Employer/Company Name _____
- Type of industry or business _____
- Date & method of disposition _____
- If cremation, what should be done with the cremains? _____
- Place of disposition (name and address of cemetery/crematory) _____
- Burial/scattering (address of place of final burial/entombment/ashes) _____
- Filing person's information (name, mailing address, relationship, name and address of next of kin or designated agent) _____

Appendix F

Checklist of People to Notify After a Death

- Someone to pronounce the death
- Funeral home (if using)
- Appointed agent of disposition (i.e. person authorized to carry out wishes in a Declaration of Disposition)
- Disposition provider
- Family (biological or chosen)
- Friends
- Neighbors
- Work colleagues
- Faith community
- Power of attorney (financial and healthcare)
- Personal representative of the estate (also called the executor)
- Attorney (to transfer assets and probate the will)
- Veterans Affairs office (to notify of death and learn about benefits)
- Social Security Administration (to stop monthly checks and learn about benefits)
- Employer (to notify of death and learn about benefits)
- Healthcare providers
- Banks/credit union (collect safety deposit box, settle mortgage, auto loan, credit card)
- Credit bureaus (to prevent identity theft)
- Utility companies (water, internet, electric, etc.) to change or discontinue services
- Postal service (to forward mail)
- Insurance companies: auto, home, life, health (to file claim forms or change/discontinue policies)
- Investment broker
- Accountant/tax preparer
- Landlord/tenants
- Subscriptions (e.g. newspapers, magazines, streaming services, internet accounts)
- Memberships (e.g. gym, clubs)

Appendix G

Memorial or Celebration of Life Planning Checklist

Some people may have a funeral ceremony while the community is gathered at the home funeral. The ceremony might take place in the living room, backyard, or other community space where the body is being cared for. Others may choose to have a memorial or celebration of life at a later date. Planning considerations may include:

- Location/venue
- Time/date
- Officiant (celebrant/clergy/community member)
- Photo boards/slideshows
- Music/reading/prayers
- Eulogists/speakers
- Personal items to display
- Programs/prayer cards
- Guest book/message cards
- A box/basket for cards that people bring
- Keepsakes/takeaways for guests (treats, recipe cards, seed packets)
- Audio/visual equipment
- Videography/photography/live streaming
- Flowers/decorations
- Food/catering
- Musicians/recordings

7

Appendix H Legal Documents to Have Prepared in a Safe Place

- Last will and testament
- Advance directives that appoint an agent of disposition and specifically document deathcare wishes
- Any pre-planned agreements with a funeral home or crematory
- Burial plot title
- Birth certificate and/or legal name change documents
- Marriage certificate and/or divorce decrees
- Insurance policies
- Bank records
- Property deeds
- Vehicle ownership records
- Military discharge papers, veterans benefits
- Citizenship papers
- Tax returns
- Information for death certificate

Appendix I

Additional Important Information, Items, and Documents to Track Down

- Annuities
- Pension
- Credit cards
- Bank information
- Copyrights and patents
- Disability benefits
- Children's records, such as birth certificates and vaccination records
- Trusts
- Warranties
- Worker's Compensation
- Titles, Deeds, Leases
- Loans
- Securities, investments
- Retirement records
- Keys (home, car, post office/safe deposit box, etc.)

7

Appendix J Home Funeral Pricing Worksheet

Area	What You'll Do	Cost
Final Disposition		
Body Cooling		
Casket or Shroud		
Body Transportation		
Bodycare		
Death Certificate		
Food & Drink		
Flowers & Decorations		
Other		
Other		
Other		
Total Cost:		



Glossary



8

Glossary

Absorbent: A material or substance that is able to absorb liquids.

Antiseptic: A substance used on skin to prevent the growth of disease-causing microorganisms.

Alkaline Hydrolysis: The chemical process of rapidly decomposing a dead body to bone fragments by immersing the body in a pressurized chamber containing a heated alkaline solution (such as potassium hydroxide), followed by drainage of all liquid and pulverization of remaining bone, to a texture resembling ash. Also known as water cremation, liquid cremation, green cremation, or trademark names Resomation, Aquamation, and Bio-Cremation. *See Section 4: Disposition for more information on alkaline hydrolysis.*

Ashes: See *Cremains*.

Autopsy: An examination of a body after death to determine the cause of death or the character and extent of changes produced by disease.

Burial-Transit Permit: A permit required to transport a body FROM the place of bodycare/vigil TO place of disposition (if death occurs someplace different from bodycare, then this is not needed). May be called a disposition permit. Also called a Removal Certificate.

Bloating: An after-death condition caused by bacteria growth and reproduction. Bacteria then expel gasses that may cause swelling of the abdomen and body tissues. Bloating may push fluids out of the body.

Calcification: When the baby has died and its body is not reabsorbed, but becomes encased in a calcium shell. This is a very rare occurrence associated with abdominal pregnancy. Also called lithopedion.

Chux Pad: Disposable underpads. Used to absorb bodily fluids from incontinence or wounds. The name “chux” pads came from the common disposal method of these pads where they were “chucked” in the trash after use. Also known as incontinence pads or bed pads

Columbarium Niche: A final resting place for ashes after cremation.

Community-Led Deathcare: When individuals who are not funeral directors decide to care for and/or spend time with the person who has died. See Home Funeral.

Cosmetize/Cosmetized/Cosmetization: Using products like makeup to improve the body’s appearance.

8

Glossary

Coverall: The “t-shirt and shorts” version of a plastic garment used to contain body fluids. Often used after autopsy or organ/tissue donation. Only covers the torso but leaves the limbs out. See Unionall.

Cremation: Used as a standalone term, "cremation" typically refers to flame cremation. Flame cremation is the process of reducing the body to bone fragments using fire. For water cremation, see alkaline hydrolysis. *See Section 4: Disposition for more information on cremation.*

Cremains: Cremated remains (sometimes referred to as *ashes*).

Crypt: A space in a mausoleum.

Death Certificate: Legal record of death.

Decay: To decompose or break down. See Decomposition.

Decedent: A person who has died.

Decedent Affairs Office: The department within a hospital or organization responsible for administrative tasks before and/or after a death, as well as providing support and guidance to patients, families, and healthcare professionals as it relates to end-of-life/post-mortem care and logistics. May also be called the Decedent Care Office or the Mortuary Affairs Office.

Decomposition: The natural breakdown of the body after death, which involves gradual changes in skin color and texture, the buildup and release of gasses, and the release of fluids from the body. Once decomposition is complete, only a skeleton remains.

Disinfectant: A substance, often a chemical, applied to objects/surfaces to destroy bacteria/disease-causing microorganisms.

Disposition: What is done with a body after death once all care and time spent with the body is complete. Includes methods such as burial, entombment, flame or water cremation, and natural organic reduction. Also known as final disposition or body disposition. *See Section 4: Disposition for more information.*

Embalming: The process of chemically treating a dead human body to improve physical appearance, reduce growth of microorganisms, and temporarily inhibit organic decomposition.

8

Glossary

Entombment: Above-ground burial (such as in a tomb or crypt).

Edema: Abnormal accumulation of fluids in body cavities.

Formaldehyde: A chemical commonly used to kill germs and to preserve laboratory specimens and tissues.

Home Funeral: A home funeral happens when a person who has died is cared for at home or in prepared space after death, giving family and friends time to gather and participate in after-deathcare and ritual. Other terms for home funeral are home vigil and community-led deathcare.

Home Funeral Guide: Home funeral guides provide guidance on: caring for the dead, accessing resources, navigating laws and policies, and crafting ceremonies and rituals. They may charge fees for consultation, education, & instruction.

Home Vigil: See Home Funeral.

Human Composting: See Natural Organic Reduction. *More info in Section 4: Disposition.*

Livor Mortis: Pooling of blood in the parts of the body closest to the ground after death where gravity causes pinkish or bluish-purple coloration of the skin.

Mausoleum: An external, free-standing building constructed as a monument enclosing the interment space or burial chamber of a deceased person or people. A mausoleum without the person's remains is called a cenotaph. A crypt is a space in a mausoleum.

Medical Aid in Dying (MAID): A practice that allows a terminally ill, mentally capable adult with a prognosis of six months or less to live to request from their doctor a prescription for medication they can decide to self-ingest to die peacefully in their sleep.

Mortuary Affairs Office: See Decedent Affairs Office.

Natural Organic Reduction: The process of decomposition under artificial conditions, by adding organic material like mulch, alfalfa, or wood chips to a container with a human body and rotating it to accelerate the decomposition process. Also known as human composting or under the trademark name Recompose. *More information in Section 4: Disposition.*

8

Glossary

Notary/Notarization: A person with the authority to certify that signatures made in their presence are authentic and/or made by the individual named in the document / The process of witnessing a signature in this manner.

Prenatal: Before birth; during or relating to pregnancy.

Perinatal: Relating to the time, usually a number of weeks, immediately before and after birth.

Postmortem: After death.

Preservative / Preservation: A substance used to slow decay / The act of slowing decay. Note that decay cannot be stopped.

Purge: The release of body fluids after death.

Rigor mortis: The temporary rigidity of muscles occurring after death.

Sepsis: A serious condition resulting from the presence of harmful microorganisms in the blood or other tissues, and the body's response to their presence, potentially leading to the malfunction of various organs, shock, and death.

Shroud: A cloth covering to go over someone's body. To shroud someone is to cover their body in a shroud. May be used as a noun or a verb.

Standard Precautions: Treating all blood/fluid interactions as if they could be infectious to protect against infection. This includes a focus on hand hygiene and the use of skin barriers (like gloves). Also referred to as Universal Precautions. Universal precautions apply to blood, and standard precautions apply to all body fluids, including blood.

Statute: A written law passed by a legislative body.

Unionall: A vinyl/plastic one-piece bodysuit used to contain fluids. Often used in cases of autopsy and organ and tissue donation. Also see Coverall.

Viewing: When the family and/or community is invited to view the body after someone has died. Also called a visitation, viewing, or wake.

8

Glossary

Voluntary Stopping of Eating and Drinking (VSED): When a mentally capable individual decides to control their own dying by making a conscious decision to refuse foods and fluids of any kind, including artificial nutrition and/or hydration, in order to advance the time of their death.

Vigil: An event or a period of time when a person or group stays in a place and quietly waits, prays, or sits, often in the presence of someone dying or their body after they have died.

Wake: A watch held over the body of a dead person prior to disposition, sometimes accompanied by festivities.

A home funeral might be
the best and hardest thing you
ever do.

