

PERSONAL INFORMATION FORM

We, as religious persons, focus on celebrating life and living full, lengthy and healthy lives. We also recognize that situations do change, and that in the event of serious accident, illness, or death, when immediate family members are not nearby, the church is often expected to serve as an information resource.

To meet this need, the church provides a service for those members who wish to have vital information placed in a confidential file, available to the ministers and the Church Administrator.

Members are urged to keep this information current; this report form is provided for this purpose. If you wish, you may attach copies of your health care proxy and/or Memorial Society plan of choice.

Some items on the following lists are merely "memory joggers" and may remind you to review documents you have in your own files; other items constitute the vital information kept in the church's confidential file. Fill in to the extent you feel appropriate.

VITAL INFORMATION RECORD

(This confidential report should be completed and returned to the church office.)

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ BIRTH DATE _____

WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY OR DEATH?

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>PHONE</u>

HAVE YOU SIGNED A HEALTH CARE PROXY? _____ YES _____ NO

THE "FIVE WISHES" FORM?

A LIVING WILL? _____ YES _____ NO

WHERE ARE THEY WHERE ARE THEY FILED?

NAME OF HEALTH CARE AGENT OR PROXY _____

ADDRESS _____ E-MAIL _____ PHONE _____

NAME OF YOUR PHYSICIAN _____ PHONE _____

NAME OF YOUR ATTORNEY _____ PHONE _____

(over)

NAME OF YOUR TRUST OFFICER _____ PHONE _____

OTHER IMPORTANT CONTACTS _____ PHONE _____

HAVE YOU ARRANGED FOR ANY MEDICAL USE OF YOUR BODY? _____ YES _____ NO

If yes, have you written your wishes on the reverse side of your Driver's License?
_____ YES _____ NO

Indicate desired arrangements, if you wish. _____

DO YOU BELONG TO A MEMORIAL SOCIETY? __ YES __ NO

IF YES, WHICH ONE? _____

BRIEFLY STATE ANY PLANS OR PREFERENCES YOU HAVE FOR A MEMORIAL SERVICE, BURIAL OR CREMATION.

ARE THERE ANY READINGS OR SPECIAL MUSIC YOU WISH TO HAVE INCLUDED AT A MEMORIAL SERVICE IN THE CHURCH? (Please list)

IF YOU ARE A CHURCH MEMBER AND ARE CHOOSING CREMATION, HAVE YOU MADE A DECISION TO USE THE CHURCH'S MEMORIAL GARDEN D(if there is one)
_____ YES _____ NO

Is that intent recorded in your memorial plans? _____ YES _____ NO

IF THERE ARE TO BE MEMORIAL GIFTS, PLEASE DESIGNATE THE RECIPIENT(S)
(name of group/organization):

HAVE YOU PREPARED WRITTEN INSTRUCTIONS? (other than given on this sheet)
_____ YES _____ NO

HAVE FRIENDS OR FAMILY BEEN INFORMED? AND DO THEY KNOW WHERE THESE INSTRUCTIONS AND OTHER IMPORTANT DOCUMENTS SUCH AS WILLS AND INSURANCE POLICIES ARE KEPT? _____ YES _____ NO

DO YOU HAVE A NEIGHBOR WHO HAS A KEY TO YOUR HOME? _____ YES _____ NO

Name _____ Address _____ Phone _____

SIGNED _____

DATE _____

*THIS COMPLETED FORM WILL REPLACE ANY PREVIOUS FORMS
ON FILE AT THE CHURCH*