

First Parish of Westwood, United Church
CONFIDENTIAL EMERGENCY AND FUNERAL INFORMATION
(to be kept in individual's office file)

Full Name: _____

Address: _____ Telephone: _____

Date of Birth: _____ Social Security #: _____

General Information:

My physician is: _____

Address: _____ Telephone: _____

My attorney is: _____

Address: _____ Telephone: _____

My next of kin is: _____

Address: _____ Telephone: _____

My bank is: _____

Address : _____ Telephone: _____

A key to my house or apartment is located with: _____

Address: _____ Telephone: _____

My will is located: _____

I (have/have not) prepared a Living Will or Advance Directive. If so, location: _____

I (have/have not) designated a Health Care Proxy. If so:

Name: _____ Telephone: _____

I (have/have not) granted Power of Attorney or Trusteeship to a second party. If so:

Name: _____ Telephone: _____

Guardian(s) chosen for my minor children in event of both parents' deaths:

Name(s): _____ Telephone: _____

In case of disability, serious illness or death please notify:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Instructions for Service:

The service I desire (circle one): Funeral Memorial Service Discretion of Family

Setting for Service (circle one): Church Memorial Chapel Funeral Home
Graveside At discretion of family members

Components of Service: Hymns Meditation Prayers Scripture Readings
(circle those desired) At discretion of pastor and/or family members

Other information for service (specific location, special music, readings etc): _____

Additional verbal instructions for the service have been given to:

Name: _____ Address: _____

Additional written instructions for the service are located: _____

Disposition of my body (check those which apply):

____ Cremation: Ashes shall be placed: _____

____ Burial: Location of cemetery: _____

Location of lot title: _____

____ Organ Donor: Information located: _____

____ Donation to medical school : Arrangements have been made with the following school:

Name: _____ Telephone: _____

____ Other (please specify): _____

Funeral Director I prefer:

Name/Address: _____

Arrangements (have/have not) been made with this funeral director. Pre-paid? Yes No

Instructions: (EX: Do you want visiting hours, open or closed casket; private or public burial, specific memorial contribution recipient(s) etc.?) _____

Biographical Information (where you have worked, things you have done, organizations to which you belong or have participated in, family members to be mentioned in obituary in newspaper, etc)

Signature: _____

Date: _____