

PERSONAL CARE AND SUPPORT RECORD

Name _____ Phone _____
Cell Phone _____ Email _____
Address _____

The information in this form will allow the minister or another support person to know your wishes regarding health directives and/or personal care should you become ill or incapacitated, as well as your wishes for a memorial or funeral.

Please remember to update the information on this form whenever there are changes.

In case of emergency, please contact:

Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Email _____
Address _____

Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Email _____
Address _____

Additionally, if I become hospitalized or otherwise incapacitated, please contact these people about pets or items that may need attention:

Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Email _____
Address _____

Location of Living Will

Location of Power of Attorney

Location of Will

[Copies (not originals) of above documents may be filed at church with this form.]



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Funeral Home Name _____ Phone _____

Address _____

Memorial Funeral (One's body is present at a funeral but not at a memorial service.)

Location:

Olympia Unitarian Universalist Congregation Another location (describe)

Instructions for service (include requests for special music/hymns, readings)

Interment information

