Olympia Unitarian Universalist Congregation
Personal Care and Support Record

Name

First _____   Last _____

Address

Phone _____ **Email** _____

In case of emergency please contact:

#1

Name, address, phone, email, relationship

#2

Name, address, phone, email, relationship

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

Name, address, phone, email, relationship

If I experience loss in my life or if I am ill, hospitalized, or incapacitated, I would like to know that care and support are available from congregation caregivers. To preserve my energies at that time, I would like to name a member of my family, a friend, or a person in the congregation to act as a "doorkeeper" to those who will want to help. In case I am not able to do so, I want this person to contact people listed under emergency contacts:

Name, address, phone, email, relationship

Specific concerns that I have if I were to be ill or troubled for a time (dependents in your household, pets, plants, mail, yard, or housework, etc.):

Things that I like to have when I am ill or troubled or that I find especially healing or nourishing (visits, special food, someone to stay with me, funny movies, prayers, phone calls, books, music, flowers, etc.):

Name, address, phone, email, relationship

Things I really don't want if I am ill or troubled or a captive audience in bed (long visits, visitors wearing perfume, flowers, people staying overnight, messing in my kitchen, talking about health challenges, etc.):

I would like to be visited by:

__ **Minister**

__ **Pastoral Care Team**

__ **Church Members**

__ **Close Friends Only**

Location of Will, Living Will, Power of Attorney or other documents:

_____

Memorial or Funeral

__ **Memorial**

__ **Funeral**

One's body is present at a funeral but not at a memorial service.

Funeral Home Name and Address

[blank box]

Memorial or Funeral Location

[blank box]

Instructions for service (include requests for music, hymns, readings):

[blank box]

Internment information:

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I would like to talk to a member of the Legacy Giving Committee.

__ **Yes**

__ **No**