

Date Filled Out _____

Olympia Unitarian Universalist Congregation Personal Care and Support Record



Name

First _____ Last _____

Address

Phone _____ **Email** _____

Date of Birth: _____

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

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

Memorial or Funeral Location

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

Is there a photo of you you'd like us to have on file? Attach or send to office@ouuc.org.

Interment information:

--

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

Yes

No