## 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 of	or incapacitated, please contact these people
about pets or items that may need atte	

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):

Interment information:	
I would like to talk to a member of the Legacy Giving Committee.	
Yes	
No	