

DATE:

# First Unitarian Universalist Church of San Diego

## Personal Emergency Information and End of Life Arrangements

Confidential information for use by the ministers in case of emergency or for End of Life preferences

NAME: \_\_\_\_\_ SPOUSE/PARTNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ☎ (Res.) \_\_\_\_\_

DOB \_\_\_\_\_ E-MAIL: \_\_\_\_\_ ☎ (Cell) \_\_\_\_\_

DO YOU HAVE AN ADVANCED DIRECTIVE? \_\_\_\_\_ WHERE IS IT LOCATED? \_\_\_\_\_

DURABLE POWER OF ATTORNEY FOR:

HEALTH CARE: name: \_\_\_\_\_ address: \_\_\_\_\_ ☎ \_\_\_\_\_

FINANCE: name: \_\_\_\_\_ address: \_\_\_\_\_ ☎ \_\_\_\_\_

IN CASE OF AN EMERGENCY WHO HAS HOUSE/APT. KEY? name: \_\_\_\_\_ ☎ \_\_\_\_\_

NAMES AND BIRTH DATE OF MINOR CHILDREN: \_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT:

Relationship: \_\_\_\_\_: name: \_\_\_\_\_ address: \_\_\_\_\_ ☎ \_\_\_\_\_

Relationship: \_\_\_\_\_: name: \_\_\_\_\_ address: \_\_\_\_\_ ☎ \_\_\_\_\_

Relationship: \_\_\_\_\_: name: \_\_\_\_\_ address: \_\_\_\_\_ ☎ \_\_\_\_\_

ARRANGEMENTS IN CASE OF DEATH: HAVE YOU MADE A WILL/TRUST? \_\_\_\_\_ LOCATION \_\_\_\_\_

Executor of Will: name: \_\_\_\_\_ address: \_\_\_\_\_ ☎ \_\_\_\_\_

HAVE YOU PROVIDED A BEQUEST TO THE CHURCH IN YOUR ESTATE PLAN? YES \_\_\_\_\_ NO \_\_\_\_\_

GUARDIAN FOR MINOR CHILDREN name: \_\_\_\_\_ address: \_\_\_\_\_ ☎ \_\_\_\_\_

CHANNING SOCIETY MEMBER? \_\_\_\_\_ MEMORIAL WALL? \_\_\_\_\_ SAN DIEGO MEMORIAL SOCIETY? \_\_\_\_\_

MORTUARY PREFERENCE : \_\_\_\_\_ ☎ \_\_\_\_\_

Please continue form on reverse side

PREFERRED LOCATION FOR CREMAINS OR BURIAL? \_\_\_\_\_

DO YOU WANT A MEMORIAL SERVICE AT DEATH? \_\_\_\_\_

WHO DO YOU WISH TO MAKE MEMORIAL ARRANGEMENTS? \_\_\_\_\_

WHO WOULD YOU LIKE TO PLAN AND CONDUCT THE SERVICE? \_\_\_\_\_

TO BE HELD WHERE? \_\_\_\_\_

DO YOU HAVE OTHER REQUESTS FOR ARRANGEMENTS? \_\_\_\_\_

SPECIAL MUSIC, POETRY, OR READINGS YOU WOULD WANT INCLUDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- If you have questions regarding this form or would like to arrange a personal session with the minister to discuss this form, please call (619) 298-9978.
- It is recommended that you attach a copy of your Durable Power of Health document with this form.
- Any time there is a change in the information on this form, such as an address or telephone number for people listed, please supply this information to the ministers and it will be stapled to this form. There is no need to fill out totally a new form.
- Please Make a copy of this confidential information for your personal files, and for your durable power(s) and return one copy to :

Ministers  
First Unitarian Universalist Church of San Diego  
4190 Front Street  
San Diego, CA, 92109  
Mark: Confidential.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_