



LIFE CRISIS INFORMATION FORM

Introduction: The purpose of this form is to assist the minister and/or caring committee in carrying out your wishes in the event of your death or incapacitation. All information in this document will be maintained by the minister at all times in a confidential manner. In the minister's absence, the chair of the Caring Committee will have access to this form. Each adult member of your family should complete this form and deliver it (by mail, e-mail, or in person) to the minister. Please keep a copy for your records.

Your name _____ Partner's name _____

Address _____ Phone _____ Cell _____

E-mail address _____

PERSONS TO CONTACT (Preferential Order Please)

CRISIS CONTACT INFORMATION

NAME	RELATIONSHIP (may be power of attorney, neighbor, etc.)	PHONE (most accessible) or alternate	PURPOSE OF CONTACT (Interim child care, pets, house keys, etc.)

CHILDREN / DEPENDENT FAMILY MEMBER

NAME/ NICKNAME	BIRTH YEAR	PHONE	Special Needs (teddy, meds, anxiety issues etc.)

Attorney's Name _____ Phone _____

Do you have a Living Will on file? Yes _____ Location _____ No _____

Do you have a Will on file? Yes _____ Location _____ No _____

Do you have a Health Power of Attorney? Yes _____ Name _____ No _____

Family Physician's Name _____ Phone _____



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ARRANGEMENTS IN CASE OF DEATH:

Has a guardian been selected for your children/dependent family member in case of death of both parents?

If so, Name _____ Phone _____

Who would you like to care for your children/dependent family member until guardian's arrival?

Name _____ Phone _____

Are you a member of the Memorial Society of Coastal Carolina? Yes _____ No _____

Local Chapter: PO Box 4262, Wilmington, NC 28406. (See the Acting Chair for more information or click www.funerals.org for the parent organization - Funeral Consumers Alliance)

Which funeral home have you selected (or prefer)? _____

Which funeral arrangements do you wish? Burial _____ Cremation _____

Funeral Service at death _____ Memorial Service later _____

Who do you want to make your funeral/memorial arrangements? _____

Who would you like to see contribute input for creating your funeral/memorial service?

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Have you other requests about the arrangements? _____

Do you have special music, poetry or writings you'd like to include? _____

Do you have a preference for special flowers or charitable donations? _____

Please feel free to add any additional comments you have to make on additional sheets and attach.
minister@uufwilmington.org