

CONFIDENTIAL LIFE CRISIS FORM (v. 2.1)

This form is for the confidential use of the Minister and others authorized to access this information. Please complete the form with information you would like to have on file with the Minister. You may wish to complete only some parts of this form and leave others blank. We encourage you to share this with your family.

Please update this form as needed. Having this information on file will enable your church to serve you and your family in the event of a death or other crisis.

Please call the church office at 805-644-3898 if you would like assistance from the Minister in completing this form or to facilitate a family discussion regarding making decisions.

Date this form was completed: _____

Name: _____ Spouse or Partner's name: _____

Address: _____

City, State, zip code: _____

Phone number: _____ Birth Date: _____

Names and birthdates of children at home:

<u>Name</u>	<u>Birth Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

Names, addresses, and phone numbers of persons who can help in a crisis and/or who should be notified:

<u>Name</u>	<u>Relation</u>	<u>Address</u>	<u>Phone number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who has a key to your home? _____

Physician's name, address, and phone number:

Do you have an Advanced Directive? _____ Power of Attorney for Health Care? _____

Who is listed as your Power of Attorney for Health Care?

Name

Phone number

Where are these documents located? _____

When were these documents completed? _____

Attorney's name, address, and phone number:

Military service? _____ Where are discharge papers? _____

In Case of death

Do you have a Will? _____

Who is listed as your personal representative or executor of your Will?

Would you like to speak with someone about including the UU Church of Ventura in your Will? _____

Have you made arrangements for any minor children in your Will? _____

Have you made arrangements for the care of any pets? If so, please give the name and phone numbers of care providers:

What mortuary, funeral home, or Memorial Society have you selected? Please provide contact information:

Do you have plans on file with them? _____

If not, what arrangements do you wish? _____

Do you have requests about funeral/memorial arrangements? (participants, music, readings, location, etc.)?

With whom have you discussed the contents of this form?
