## First Unitarian Universalist Church of San Diego

## **Personal Emergency Information and End of Life Arrangements**

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

NAME:		SPOUSE/PARTNER:		
ADDRESS:			PHONE: (	)
DOB	SS#	E-MAIL:		
DO YOU HAVE AN	ADVANCED DIRECTIVE?_	WHERE IS IT LOCATED	0?	
DURABLE POWER	OF ATTORNEY: HEALTH_	FINANCEBOTH	NAME(S)	
ADDRESS:			PHONE: (	)
ADDRESS:			PHONE: (	)
IN CASE OF AN EM	MERGENCY WHO HAS HO	USE/APT. KEY?	PHONE: (	)
NAMES AND BIRTH	I DATE OF MINOR CHILDS	REN LIVING AT HOME:		
	TACT RELATIONSH			PHONE
			(	)
			(	)
			(	)
			(	)
ARRANGEMENTS	IN CASE OF DEATH			
HAVE YOU MADE A	WILL?LOCATION	OF WILL?		
EXECUTOR OF WIL	L AND/OR PERSONAL LA	AWYER:		
			(	)
GUARDIAN FOR MI	NOR CHILDREN:			
			(	)
CHANNING SOCIET	ΓΥ MEMBER? MEM(	ORIAL WALL?SAN D	DIEGO MEMORIA	L SOCIETY?
ELINEDAL HOME DI	DEEEDENCES		1	`

Please continue form on reverse side

PREFERRED LOCATION FOR CREMAINS OR BURIAL?
DO YOU WANT A FUNERAL SERVICE AT DEATH?MEMORIAL SERVICE?
WHO DO YOU WISH TO MAKE MEMORIAL/FUNERAL 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:
• It is recommended that you attach a copy of your Durable Power of Health document with this form.
<ul> <li>You may update or revise this form at any time by contacting one of the ministers. 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.</li> </ul>
Please make a copy of this confidential information for your personal files and return one copy to
Ministers First Unitarian Universalist Church 4190 Front Street San Diego, CA 92103

Mark: Confidential

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