

Life Crisis and End of Life Arrangements

Unitarian Universalist Church of the Restoration

So that the church can be of greater assistance to you, please consider submitting this form and/or the Personal Emergency Information form. All information is confidential and available only to the moderator.

TODAY'S DATE: _____

NAME: _____ SPOUSE/LIFE PARTNER: _____

ADDRESS: _____

TELEPHONE NOS.: (____) _____ (____) _____ (____) _____

EMAILS: _____

BIRTHDATE: _____ SOCIAL SECURITY NUMBER: _____

Names of minor children living at home:

Names, addresses and phone numbers of children and/or parents not living at home:

Names, addresses, phone numbers of close friends who should be notified in case of crisis or death:

If you have minor children, have guardians been selected in the event of death of both parents? If so, please provide names, addresses and phone numbers:

ARRANGEMENTS IN CASE OF DEATH

Have you made a WILL? YES. NO. If yes, where is it located? _____

Executor of WILL and/or Personal Lawyer: _____

Do you have a preference of funeral home? YES. NO. If yes, which? _____

Do you have a preferred place for scattering of cremains or burial? _____

Do you want a funeral service at death? YES. NO. Do you want a memorial service later? YES. NO.

Whom do you wish to make memorial/funeral arrangements? _____

Whom would you like to plan the service? _____

To be held where? _____

Do you have other requests for arrangements? _____

Special music, poetry or readings you would want included: _____

ADDITIONAL COMMENTS: _____

Date: _____

Signature: _____

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