Life Crisis Form

Starr King Unitarian Universalist Church of Hayward

If you would like to have life crisis information on file at the church, please return one copy of this to the office. Keep one for your personal file. All information is confidential. Extra copies of the form are available on request.

Name: _____

Name of spouse/significant other/next of kin: _____

Address: _____

Phone: _____ Birthdate: _____

Names of children living at home: Birthdates:

_____ _____

_____ _____

_____ _____

Names & phone numbers of close friends or caregivers who can help in a crisis:

_____ _____

_____ _____

_____ _____

Doctor, phone, preferred hospital: _____

_____

Blood Type: _____ Special Medical Notes: _____

_____

Lawyer's name, address & phone number: _____

_____

Arrangements in case of death:

Do you have a will? ___ A Living Trust? ___ A Durable Power of attorney? _____

Where are they located? _____

Which funeral home have you selected or prefer? _____

Have you chosen to be an organ transplant donor? _____

Do you prefer ( ) burial or ( ) cremation? Where do you wish to be buried or have your ashes scattered?

_____

Do you have requests about funeral arrangements for your minister? _____

_____

Do you have special music, poetry or writings you want included? _____

_____

_____

Have guardians been selected for your children in case of the death of both parents? ____ If so, name, address and phone:

_____

_____

Please feel free to add any additional comments, information or requests you have to make on blank sheets to be attached.

Signature:_____ Date: _____