



South Church

A Unitarian Universalist Congregation — Affirming the Worth and Dignity of All People

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CONFIDENTIAL END OF LIFE PLANNING FORM

Although it may be hard to do, thinking in advance about the end of our life is healthy and helpful for us and for our families and friends. It is wise to make arrangements before a crisis occurs. Advance thought and arrangements allows us some peace of mind in a crisis. The purpose of this form is to provide information for those who care for you in the event of a life crisis or who will be making arrangements at the time of your death.

This information will assist others in carrying out your wishes and simplify the completion of forms they may encounter, including a death certificate. It does not take the place of a will, a living will, or a medical power of attorney. As part of your end of life planning, we strongly urge you to consult a lawyer and make sure that all necessary legal documents are completed.

Name _____

Street Address _____

County and State _____

Phone _____

Date and Place of Birth _____

Citizen of _____

Gender _____ Race _____

Social Security Number _____

Are you a Veteran? _____

If so, Dates and Serial Number _____

Father's full name _____

Place of Birth _____

Mother's full maiden name _____

Place of Birth _____

Partner's full name _____

Names of Children	Birth Date
_____	_____
_____	_____
_____	_____

Names, address and phone numbers of children not living at home:

Have guardians been selected for minor-age children in case of death of both parents? If so, name and address, phone number and relationship:

Person to contact in a crisis: _____

Should the above person not be available, please contact: _____

Lawyer's name, address and phone number _____

Doctor's name, address and phone number _____

Special Medical Instructions _____

Final Arrangements

Have you made a will? _____

Where is it located? _____

Who knows where valuables, securities, etc. are kept? _____

Funeral or Memorial Society in which you hold a membership (name and location)

Name, address and phone number of funeral home that you have chosen (or prefer)

Which arrangements do you wish? Burial _____ Cremation _____

Type of container (You may specify type, material or price ranges desired)

If marker is desired, what kind, size, etc.? _____

Do you want to bequeath your body to science? Yes _____ No _____

If yes, appropriate forms have been filed with the following medical center:

Do you want to donate your organs? Yes _____ No _____

Designate organs or parts _____

Forms have been filed with the following organ bank or institution:

Do you prefer a funeral or a memorial service? _____

Note: At a funeral service the body is present. At a memorial service the body is not present. Memorial Services are more common but not required among Unitarian Universalists.

If a funeral, do you want the casket open for services? _____

Is the body to be shown either privately or at public visiting hours? _____

Would you prefer a memorial service within a week of your death? _____

Whom do you wish to plan and conduct your memorial service? _____

Location of service _____

Do you want flowers? _____

In lieu of flowers donations may be given to _____

Do you have special music, hymns or writings you want included in the service?

Even though life crisis information is extremely important, it is not intended to replace the pre-planning of funeral or memorial services. Members and Friends of South Church are strongly encouraged to talk with the minister about their specific hopes and plans with regards to these services.

Please feel free to make any additional comments you have on an attached sheet.

Date _____ Signature _____

Please return your form to the church office where it will be placed in the Life Crisis File in the Minister's office.