

Life Crisis Form

(This form will be kept confidential in the minister's office and only used in case of emergency.)

Thank you for taking the time to fill this out. As hard as these questions are, if for no other reason than it is always hard to contemplate one's own illness and death, it will make a great difference to your friends and family should the unthinkable happen. You ***do not have to*** answer all the questions and can ***update and add*** to this form later.

Name: _____
Last First Middle

Address _____ Phone number _____

Date of birth: _____ Place: _____

Mother: _____ Father: _____

Sibling(s): _____

Married: ____ Single: ____ Widowed: ____ In a committed relationship: ____

Name of Spouse: _____

Children	Name(s)	Age	Address	Phone
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In case of emergency please notify:

Name(s)	Address	Phone	Relationship
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(Additional names can be attached on a separate sheet)

I have a Living Will with medical directives: Yes: ____ No: ____ I am working on it: ____

It is located at: _____

(It is a good idea to have several copies, one in your wallet, one at home and one in your doctor's office and, if you wish, one on file at the church, too.)

If you have minor children, what arrangements have you made for them?

If you have pets, where would you like for them to go?

I have a will. Yes: ____ No: ____

It is kept at: _____

If I should die, my wishes are:

Burial: ____ Cremation: ____ Donate my remains to science: ____

Comments: _____

I have made arrangements with a: Memorial Society: ____ Funeral Home: ____ Other: ____

Name and address: _____

I would like to my epitaph to be: _____

Additional preferences for my memorial/funeral/celebration of my life:

Favorite Music: _____

Hymns: _____

Readings: _____

Poetry: _____

Please feel free to attach any additional information that might be helpful or you would like for us to have. And again, thank you. This will make our ministry easier too.