

**Unitarian Universalist Church of the Desert**  
**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 \_\_\_\_\_ HOME Ph. \_\_\_\_\_

DOB \_\_\_\_\_ EMAIL \_\_\_\_\_ CELL Ph. \_\_\_\_\_

**NAMES AND BIRTH DATES OF MINOR CHILDREN:**

**IN CASE OF AN EMERGENCY WHO HAS THE HOUSE/APT. KEY?**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**EMERGENCY CONTACTS:**

1. RELATIONSHIP \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

2. RELATIONSHIP \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

3. RELATIONSHIP \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**DO YOU HAVE ANY MEDICAL/HEALTH ISSUES OR ALLERGIES WE SHOULD BE AWARE OF?**

**DO YOU HAVE AN ADVANCED DIRECTIVE / POLST? \_\_\_\_\_**

WHERE IS IT LOCATED? \_\_\_\_\_

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE:**

RELATIONSHIP \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**DURABLE POWER OF ATTORNEY FOR FINANCE:**

RELATIONSHIP \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

## **ARRANGEMENTS IN CASE OF DEATH**

**HAVE YOU MADE A WILL/TRUST?** YES/NO \_\_\_\_\_ LOCATION \_\_\_\_\_

EXECUTOR OF WILL: NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

**HAVE YOU PROVIDED A BEQUEST TO THE CHURCH IN YOUR ESTATE PLAN?** YES \_\_\_\_\_ NO \_\_\_\_\_

### **GUARDIAN FOR MINOR CHILDREN:**

RELATIONSHIP \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**MORTUARY PREFERENCE:** \_\_\_\_\_

**PREFERRED LOCATION FOR BURIAL OR CREMAINS?** \_\_\_\_\_

**DO YOU WANT A MEMORIAL SERVICE?** YES \_\_\_\_\_ NO \_\_\_\_\_

**WHO DO YOU WISH TO MAKE MEMORIAL ARRANGEMENTS?** \_\_\_\_\_

**WHO WOULD YOU LIKE TO PLAN AND CONDUCT THE SERVICE?** \_\_\_\_\_

**TO BE HELD WHERE?** \_\_\_\_\_

**DO YOU HAVE ANY OTHER REQUESTS FOR ARRANGEMENTS?** \_\_\_\_\_

\_\_\_\_\_

### **SPECIAL MUSIC, POETRY, OR READINGS YOU WOULD WANT INCLUDED?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

- If you have questions regarding this form or would like to arrange a personal session with the minister to discuss this form, please call (760) 464-0211.
- It is recommended that you attach a copy of your Durable Power of Health document with this form.
- Any time there is a change in the information on this form, such as an address or telephone number for people listed, please supply this information to the ministers and it will be stapled to this form. There is no need to fill out totally a new form.
- Please, make a copy of this confidential information for your personal files, and for your durable power(s) or emergency contacts and return one copy to :

Minister

Unitarian Universalist Church of the Desert

PO Box 2853

Rancho Mirage CA 92270

Mark: Confidential.

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