

Life Crisis Form
Unitarian Universalist Church
309 West Green Street, Urbana, IL 61801
(217) 384-8862

Ours is a religion that focuses more on the fullness of life than the events after our death. But we also recognize that situations do change, and that in the event of serious accident, illness or death, when immediate family members are not nearby, the church is often expected to serve as an information resource. To serve this need, the church places (for those members who want it) vital information in a confidential file, available to the ministers.

Please complete this form and return one copy to the Minister. Distribute other copies to those you want to have this information. Even if you don't answer all the questions, there are some basic decisions and preferences you can establish with this form. It can always be revised and updated.

Name: _____ Telephone: _____

Address: _____

Occupation: _____

Birthplace/Date: _____ Social Security No.: _____

Spouse/Partner: _____

Next of Kin: _____

Children/Ages: _____

Who should be notified in case of emergency?

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____	_____

Physician's Name, Address, Phone:

Hospital of Preference:

Do you have a Living Will?

Do you have a Health Care Proxy?

Where are they filed?

Attorney's Name, Address, Phone

Names, Addresses, Phones of persons who can help in a crisis

Signature: _____ Date: _____

Arrangements in Case of Death

Have you made a Will? _____ Where is it located? _____

Is UUCUC Trust Fund a beneficiary? (Circle one) Yes No No, but I would like it to be.

Who holds your power of attorney? _____

Who has a set of keys to your home? _____

Do you belong to a Memorial Society? _____

Name and Address of Memorial Society: _____

Which funeral home have you selected? _____

If requested, would you want an autopsy? _____ Is the body to be embalmed? _____

Are you an organ donor? _____ Have you arranged for other medical use of your body? _____

What funeral arrangements do you want? Burial _____ Cremation _____

Where do you want to be buried or your ashes scattered? _____

If burial, a graveside service? _____ Calling hours? _____

Do you want someone else to make funeral arrangements, if so, who? _____

A religious service? _____ Where? _____

Clergy, if preference: _____

Please list readings, ideas, you want included in your memorial service:

Biographical information: _____

Special interests and accomplishments: _____

Do you have other requests for the funeral arrangements? _____

If you have further information, please include it on another sheet of paper. Thank you.

Rev. November 2016