

Unitarian Universalist Fellowship of Vero Beach

1590 27th Avenue

Vero Beach, FL 32960

Ph: 772-778-5880, Fax: 772-778-5880

Life Crisis Form

Please fill in as much information as you feel comfortable sharing.

Return one copy to the Fellowship and retain one copy for your personal files

Your Name _____

Name of Spouse/Partner _____ Member? Yes ___ No ___

Winter address _____

Summer address _____

Winter phone _____ Mobile _____ email _____

Summer phone _____ Mobile _____ email _____

Children:

Name _____ Phone _____ email _____

Name _____ Phone _____ email _____

Name _____ Phone _____ email _____

If more space is needed, please attach names and phone numbers

Whom should we contact in a crisis?

Name _____ Phone _____ email _____

Name _____ Phone _____ email _____

Primary physician _____ Phone _____

Attorney _____ Phone _____

Do you have a living will? Yes ___ No ___ Who has a copy?

Name _____ Phone _____

Who can make medical decisions on your behalf (health care surrogate)?

Name _____ Phone _____

Name _____ Phone _____

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Your Name _____ date of birth ___/___/___

Arrangements in Case of Death

Would you like to discuss end-of-life arrangements with the minister? Yes ___ No ___

Do you belong to a funeral or memorial society? Yes ___ No ___

Name _____ Phone _____

Which end-of-life arrangements do you wish?

Burial ___ Cremation ___ Funeral ___ Memorial Service ___ None ___

Conducted by UUFVB minister ___ Other ___

If other, please give name and phone _____

Do you wish your cremains to be interred in the UUFVB Memorial Garden? Yes ___ No ___

Do you have special music, hymns, poetry or readings you wish included?

If so, please attach list of readings, and music, and copies of poetry or readings.

Do you wish to designate recipients for memorial gifts? UUFVB ___ Other ___

Charity: _____

Address: _____

Where will survivors find your important documents? (wills, insurance, etc.)?

Have you prepared more complete information or instructions than provided here?

If so, who is aware of it? Name _____

Phone _____ Mobile _____ email _____

Signature _____

Today's Date _____

This information is confidential and will be used solely at the discretion of the minister at times of life crisis.

Revised by the Lay Pastoral committee, April, 2009

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