

Church of the Larger Fellowship

25 Beacon St, Boston, MA 02108
617/ 948-6166 info@clfuu.org

In Case of Life Threatening Illness or Death

This form is provided to have significant information conveniently available. It is wise to discuss this information with your family, give a copy to your next of kin, and keep a copy for your personal file. Update it anytime you wish. The Church of the Larger Fellowship would like to be informed of any life crisis of our members.

Name _____

Address _____ Phone _____

Birth date _____ Birth place _____ Social Security Number _____

Single Married Coupled Divorced Widowed

Name of Spouse or Partner _____ Spouse's Social Security No. _____

Veteran U.S. Armed Forces Number _____

Father's Name _____ Birthplace _____

Mother's Maiden Name _____ Birthplace _____

Children (Please give their names and birth dates, plus address and phone number if no longer living with you):

Close Relatives (Names, addresses and phone numbers):

Close friends who can help in a time of crisis (Names, addresses and phone numbers):

Doctor's name and phone: _____

Dentist's name and phone: _____

Attorney's name and phone: _____

Date: _____ Signature: _____

Space for additional information & comments:

Do you have a Durable Power of Attorney for Health Care? Yes No

If so, who is your primary agent? _____

Who is your alternate? _____

Have you executed a Declaration of your wishes regarding extraordinary treatment in case of life threatening illness? Yes No

If so, where is it located? _____

Does your physician have a copy? Yes No

Do you wish to donate organs at time of death? Yes No

If yes, where is your organ donation form located? _____

Do you have a will or living trust? Yes No Not applicable

If yes, where is it located? _____

Have Guardian(s) been selected for your minor children in the event of death of both parents?

Yes No Not applicable

If yes, give their name, address and phone: _____

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

If so, which one? _____

Which death arrangements do you wish? Burial Funeral (with casket or ashes present)

Cremation Memorial Service (where?) _____

Your chosen location for burial, or the storing or scattering of ashes:

Who do you wish to have in charge of after-death details?

Things to be sure are included in the service (thoughts, readings, music):

Preference for a minister to conduct the service: Other people I would like to take part in the service:

To what organizations or causes would you appreciate gifts in your memory to be given?

Please consider making a gift to the Church of the Larger Fellowship.

Please notify my church, the Church of the Larger Fellowship
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