

Date received _____

Date revised _____

PREPARATION FOR INCAPACITY OR DEATH

Essential Information

As a Meeting member or attender you are encouraged to complete this form to provide information that may be useful to people close to you in the event of an emergency or your death. The form provides a single place to record a variety of essential information including emergency contacts, the existence of legal documents such as health care power of attorney, and your wishes for memorial arrangements. We suggest that you refer also to the **End of Life Planning Checklist**, available at <http://chapelhillfriends.org/preparation.html> for other steps you might take in this planning process.

We encourage you to share the completed document with relatives and friends whom you may wish to make decisions on your behalf. As a backup, the Meeting can store a copy of this form for you if you wish. The form will be filed in a locked, fireproof box in the meeting house. Only the Clerk of the Meeting and the Clerk of Care and Counsel will have access to it.

If needed, we will attempt to share this information with people who are listed on the first page of the document. However, we cannot promise to ensure that the preferences recorded there will be carried out. This form is available as a Word document on the Meeting's website: <http://chapelhillfriends.org/preparation.html>

If you prefer to enter information on a hard copy, **please print clearly**.

Personal identification

Your Full Name _____

Address: _____

Telephone # Home _____ Work _____

In the Event of Incapacity or Death

Person to Notify _____ Relationship _____

Address _____ Telephone _____

E-mail: _____ Fax: _____

Person to Notify _____ Relationship _____

Address _____ Telephone _____

E-mail: _____ Fax: _____

Person you feel close to in the Meeting _____

Other local person who knows you well _____

Address: _____ Telephone _____

Others to notify:

Name	Relationship	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Essential Documents

More about the below documents – purpose, preparation, storage, etc. - can be found in the **End of Life Planning Checklist** available at the Meeting House or at <http://chapelhillfriends.org/preparation.html>.

Living Will

Have a living will? Yes / No Where stored _____

Who has copies:

Name: _____ telephone: _____ relationship: _____ (see page 1)

Name: _____ telephone: _____ relationship: _____ (see page 1)

Name: _____ telephone: _____ relationship: _____ (see page 1)

Durable Power of Attorney(DPA):

Have a DPA? Yes / No Where stored _____

Who has copies:

Name: _____ telephone: _____ relationship: _____ (see page 1)

Name: _____ telephone: _____ relationship: _____ (see page 1)

Name: _____ telephone: _____ relationship: _____ (see page 1)

Health Care Power of Attorney(HCPA):

Have a HCPA? Yes / No Where stored _____

Who has copies:

Name: _____ telephone: _____ relationship: _____ (see page 1)

Name: _____ telephone: _____ relationship: _____ (see page 1)

Name: _____ telephone: _____ relationship: _____ (see page 1)

Will

Have a will? Yes / No

Where stored _____
(original should not be kept in a bank box)

Who has copies:

Name: _____ telephone: _____ relationship: _____ (see page 1)

Name: _____ telephone: _____ relationship: _____ (see page 1)

Name: _____ telephone: _____ relationship: _____ (see page 1)

Name: _____ telephone: _____ relationship: _____ (see page 1)

Additional information

Person who has additional pertinent information _____

Address _____ Telephone _____

Funeral or Memorial Arrangements

Are you a member of a Memorial Society? Yes _____ No _____

If yes: Name _____ Telephone _____

Do you have a preference for a funeral home? Yes / No Have contract? Yes / No

If yes: Name _____ Telephone _____

What are your wishes for disposition of your remains:

- Medical Research:
Name of Institution _____ Telephone _____
- Organ Donations:
Name of Institution _____ Telephone _____
- Cremation
Crematory _____ Telephone _____
- Ashes to Meeting's Memorial Garden: scattered ___ buried ___
- Other preference (describe): _____
- Burial
Cemetery name _____
Location of deed _____

What is your preference concerning a service? -

- Funeral Service: Meeting for Worship at funeral parlor with ___or without ___ remains present.
- Memorial Meeting: Meeting for Worship at the Meeting house (without remains present).
- Committal Service: A gathering at memorial garden, graveside, or crematory. May be held by itself or in conjunction with the above.
- No service

Burial Insurance: Agent's name _____ Telephone _____
Address _____
Location of policy _____ Policy number _____

Special Requests for selected service:

Person(s) to plan, open and close service _____

Other requests (location, decorations, music, readings, reception, etc.)

Information or donations in your memory you would like included in an obituary :

Newspapers/journals to receive your obituary:

IMPORTANT:

Please complete this form and put it with YOUR documents – do not give it to the Meeting.

Required information for North Carolina Certificate of Death

Social Security # _____ Date of birth _____

Birthplace (city and state or foreign country) _____

Armed Forces: Yes _____ No _____

Marital status: married _____ never married _____ widowed _____ divorced _____ other _____

Spouse (if wife, maiden name) _____

Usual occupation (do not use retired) _____

Kind of business/industry _____

Hispanic origin (if yes _____ , specify country) _____

Race (circle all that apply): *need to add correct categories from certificate*

Education (highest grade completed) _____

Father's name _____

First

middle

last

Mother's name _____

First

middle

last

Comments: