

## Personal Information Record

### FIRST PARISH IN CONCORD

20 Lexington Road, Concord, Massachusetts 01742

As religious persons, we celebrate life and seek full, lengthy and healthy lives. We also recognize that only change is constant, 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 meet this need, the ministers provide a service for members who wish to have vital information kept in a confidential file at the church, available to the ministers and the parish administrator.

Members are urged to keep this information current; the following report form is provided for this purpose.

Some items on the following list are merely “memory joggers” and may remind you to review documents you have in your own files; other items constitute the vital information kept in the ministers’ confidential file. Please complete this form to any extent you wish, and return it to the church office, to the attention of Rev. Howard N. Dana or Rev. Marion Visel. And remember to keep a copy of this completed form with your personal papers.

## PERSONAL INFORMATION RECORD

Name(s) \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

Birthdate(s) \_\_\_\_\_ E-mail address \_\_\_\_\_

Who should be notified in case of emergency or death?

Name

Relationship

Address and Phone

Name of your physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of your attorney \_\_\_\_\_ Phone \_\_\_\_\_

Name of your trust officer \_\_\_\_\_ Phone \_\_\_\_\_

Have you signed a Living Will? \_\_\_\_\_ Where is it filed? \_\_\_\_\_

Have you chosen a health care agent and signed a health care proxy form? \_\_\_\_\_

Have you discussed your health care and end-of-life wishes with your assigned health care agent? \_\_\_\_\_

Does your health care proxy/proxies have a copy of a document designating them as such? \_\_\_\_\_

Does your health care proxy/proxies have a copy of your most recent Living Will? \_\_\_\_\_

Have you arranged for any medical use of your body?

Briefly state any plans or preferences you have for a memorial service, burial or cremation:

Are there any readings or special music you wish to have included in a memorial service?

If there are to be memorial gifts, whom do you wish to designate as a recipient(s)  
(e.g. group or organization)?

Have you prepared written instructions elsewhere? Have friends or family been informed, and do they know where these instructions and other important documents such as wills and insurance policies are kept?

In case of a town wide emergency during which there is a prolonged power outage, will you need assistance to evacuate because of special needs, i.e. age or disabilities or medical equipment requiring power? \_\_\_\_\_

If yes, please explain:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Updated 9/8/15