



**UNITARIAN UNIVERSALIST
CONGREGATION OF MARIN**

CONFIDENTIAL

INSTRUCTIONS IN CASE OF EMERGENCY

Name _____ Partner/Spouse _____

Home Phone: _____ Home Phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Address _____

Do you have an Advanced Medical Care Directive on file at the hospital? Yes _____ No _____
If yes who is your Authorized Decision Maker?

Name _____ Relationship _____

Home Phone _____ Cell _____

Address _____ Email _____

Two People to be Contacted in Case of Emergency or Death

1. Name _____ Relationship _____

Home Phone _____ Cell _____

Address _____ Email _____

2. Name _____ Relationship _____

Home Phone _____ Cell _____

Address _____ Email _____

Your hospital affiliation

Hospital Name _____ Phone _____

Name of your physician _____ Phone _____



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Do you have a will or trust? Yes___ No___

Designated Guardians for minor children:

Name_____ Email_____

Home Phone_____ Cell_____

Address_____

Do you wish UUCM to be involved in a funeral/memorial service for you?

Yes___ No___

Do you wish to meet with the minister over these issues? Yes___ No___

Person designated responsible for arrangements (other than Minister):

Name_____ Email_____

Home Phone_____ Cell_____

Address_____

You may wish to leave a copy of your arrangements with the minister.

Other requests concerning the Funeral/Memorial arrangements or other issues not yet expressed:

Signature_____ Date_____

The minister is available to talk with you about any of these matters.

Keep a copy of this form for yourself & others who need to know. Bring one copy to UUCM for reference by the Minister & the Pastoral Care Committee. Thank you!