



**UNITARIAN UNIVERSALIST
CONGREGATION OF MARIN**

Instructions for UUCM in Times of Emergency or Death

(Please fill in both pages of this form and attach extra pages if needed)

NAME _____ PARTNER/SPOUSE _____

ADDRESS _____

PHONE _____ BIRTHDATE(S) _____

EMAIL _____

Names of children <i>LIVING</i> at home	Birthdate(s)
_____	_____
_____	_____
_____	_____

Names, Addresses, Phone #'s, Ages, of children <i>NOT LIVING</i> at home	Age (if under 18)
_____	_____
_____	_____
_____	_____

Names, Addresses, Phone #'s of <i>closest relatives</i> who can help or should be notified		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names, Addresses, Phone #'s of close friends who can help		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have *GUARDIANS* been selected for children if both parents are deceased? ___Yes___ No

Guardian(s), Name, Address, Phone #'s		
_____	_____	_____
_____	_____	_____



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Do you have a will? Yes ___ No ___ Located _____

Do you have Durable Power of Attorney for Medical Care? Yes ___ No ___

Located _____

Do you belong to a funeral society? ___ Yes ___ No Which one? _____

Funeral home you have selected _____ Phone _____

Funeral/Memorial arrangements you wish (check one or more)

Burial ___ Cremation ___ Funeral Service (with casket) ___ Memorial (no casket) _____

Location of service _____

Location of burial, storing or scattering of ashes _____

Person to decide on arrangements Name _____ Phone _____

Address _____

Who do you want to officiate the service _____

Other requests concerning the Funeral/Memorial arrangements _____

Any other wishes you have not expressed _____

Signature

Today's Date

Please return to UUCM for storage.