

APPENDIX 7

Information and Instructions
on Health Care Decisions and Final Affairs

NAME

DATE

ADDRESS

SOCIAL SECURITY NUMBER

YES NO I have completed a Durable Power of Attorney
for Health Care Decisions.

YES NO I have completed forms to be an organ donor

A copy of my DPAHCD and/or organ donor form is located:

I request that the Society of Friends carry out the following
upon my death:

The information below may help the Society of Friends carry
out my wishes.

1. Persons to notify immediately (next of kin, executor etc.):

NAME

PHONE NUMBER

ADDRESS

RELATIONSHIP

NAME

PHONE NUMBER

ADDRESS

RELATIONSHIP

continued

2. Member of Memorial Society

ADDRESS

TELEPHONE

LOCATION OF CONTRACT

3. Disposal of body

BURIAL CREMATION MEDICAL RESEARCH

Preferred site for disposal of ashes:

Cemetery preferred: COMMON PLOT FAMILY PLOT

LOCATION OF DEED

LOCATION OF RELEASE PAPERS

UNDERTAKER PREFERRED

4. Burial insurance

INSURANCE COMPANY POLICY NUMBER

If no insurance, the expenses will be met as follows:

5. Services desired, and who should conduct the services:

Memorial Meeting for Worship Special Requests:

continued

6. Flowers will be accepted

WHERE

IN LIEU OF FLOWERS, CONTRIBUTIONS MAY BE MADE TO

7. Special instructions if death is distant from home:

8. My will and/or other legal documents are located:

9. If no surviving parents, instructions on care of minor children (over)

10. Information for death certificate (must agree with legal records and policies)

FULL LEGAL NAME

PRESENT ADDRESS

DATE OF BIRTH

BIRTHPLACE

CITIZENSHIP

OCCUPATION

PRESENT EMPLOYER

TITLE

ADDRESS

FATHERS FULL NAME

MOTHERS MAIDEN NAME

RECEIVED FOR MEETING

DATE

SIGNATURE