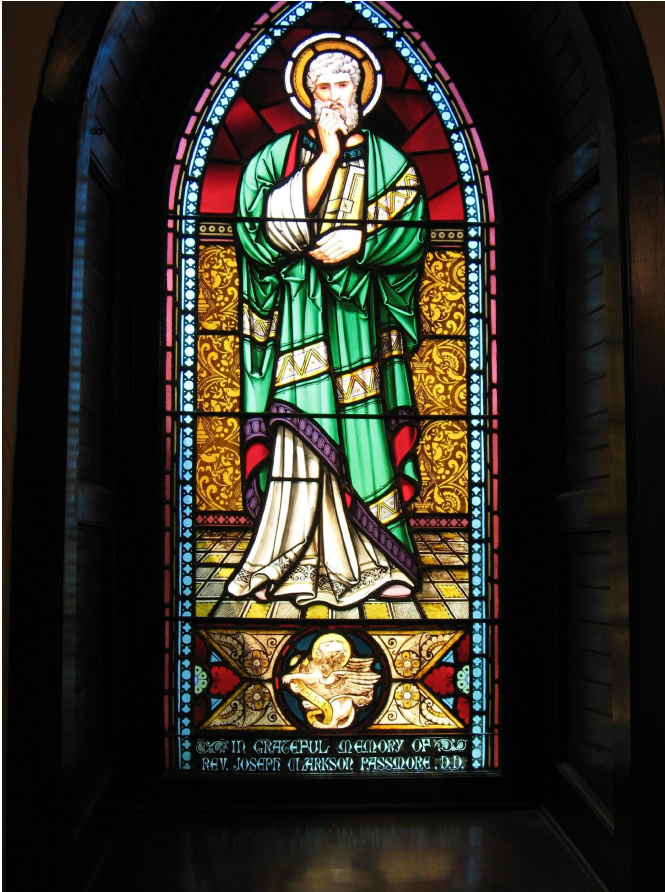


# St. Mark's Episcopal Church, Lappans

## Life Planning and End-Of-Life Planning Forms



St. Mark's Episcopal Church has developed a series of forms to help you and those you love plan for emergency situations and end-of-life care.

It has nine separate easy-to-use sections that allow you to keep all your critical information in one document.

Each form is designed to be printed separately to allow you to share only those sections you want to share with various individuals.

St. Mark's will accept whatever portion of the forms you may care to share and keep them on file.

You can do yourself and your loved ones a favor by taking the time to complete this information.

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## 1. EMERGENCY CONTACT INFORMATION

My Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Primary Health Insurer \_\_\_\_\_

(Medicare is considered primary)

Health Insurance Policy No. \_\_\_\_\_

Supplemental Insurer \_\_\_\_\_

Supplemental Insurance Policy No. \_\_\_\_\_

### The first person to notify in case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone\_\_\_\_\_

Evening Phone\_\_\_\_\_

Relationship\_\_\_\_\_

E-mail\_\_\_\_\_

**Alternate contact in case of emergency:**

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_ Zip Code\_\_\_\_\_

Daytime Phone\_\_\_\_\_

Evening Phone\_\_\_\_\_

Relationship\_\_\_\_\_

E-mail\_\_\_\_\_

## 2. Additional Emergency Contact Information

**St. Mark's Episcopal Church or other congregation/parish church.**

Church Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Pastor \_\_\_\_\_

**Healthcare surrogate to make healthcare and other personal decisions on your behalf.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

I have an **Advance Directive** for healthcare YES / NO Date signed \_\_\_\_\_

I have a **Do Not Resuscitate** order YES / NO Date signed \_\_\_\_\_

**Financial Power of Attorney to make financial decisions on your behalf.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

I have a **Financial Durable Power of Attorney** YES / NO Date signed \_\_\_\_\_

**Executor of Your Will or Trustee to carry out your wishes after your death.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

**Attorney**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

**Other Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

### 3. Healthcare Professional Contact Information

#### Primary Care Physician/Provider

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Area of Practice/Specialty \_\_\_\_\_

#### Other Physicians or Healthcare Professionals

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Area of Practice/Specialty \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Area of Practice/Specialty \_\_\_\_\_

## 4. Family and Other Key Personal Contacts

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_



## 5. Business and Financial Contacts

### Employer

Contact Person \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

### Bank Accounts

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Passwords \_\_\_\_\_

Checking Account No.(s) \_\_\_\_\_

Savings Account No. \_\_\_\_\_

Contact Person \_\_\_\_\_

### Other Financial Institutions (e.g. Broker, Life Insurance Company)

Institution/Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Account No.(s) \_\_\_\_\_

Institution/Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Account No.(s) \_\_\_\_\_

## 6. Biographical Data for Death Certificate and Obituary

### Your Birthplace

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Your Date of Birth \_\_\_\_\_

### Your Parents

Your Father's Full Name \_\_\_\_\_

Deceased? YES / NO

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

Occupation \_\_\_\_\_

Your Mother's Full Name \_\_\_\_\_

Deceased? YES / NO

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

Occupation \_\_\_\_\_

### Your Present Marital Status (circle)

Single, Married, Partnered, Widowed, Separated, Divorced

Date of ceremony \_\_\_\_\_ Dissolution Date, if any \_\_\_\_\_

Name of Spouse/Partner \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Spouse/Partner Occupation \_\_\_\_\_

**Names of Children and Their Cities of Residence**

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**Brothers/Sisters and Cities of Residence**

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**Number of Grandchildren \_\_\_\_\_ Number of Great-Grandchildren \_\_\_\_\_**

**Schools You Attended and Degrees Earned**

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**Your Present Occupation**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Present Position \_\_\_\_\_

Dates Employed \_\_\_\_\_

**Previous Occupations**

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**Military Record (important in case of possible veterans' benefits and/or burial)**

Date Enlisted \_\_\_\_\_ Rank \_\_\_\_\_

Branch of Service \_\_\_\_\_ "C" Number \_\_\_\_\_

Date Discharged \_\_\_\_\_ Service No \_\_\_\_\_

Veterans' Organizations \_\_\_\_\_

**Association Affiliations, Labor Unions, Political Offices Held, Club Memberships**

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## 7. My Funeral Service

My Full Name \_\_\_\_\_

In the Episcopal tradition, it is customary for members to be buried from the church.

\_\_\_\_\_ Yes, it is my desire that my funeral shall be held at St. Mark's, Boonsboro, MD

\_\_\_\_\_ It is my desire that my funeral shall be held at the funeral home listed in Section 8 of this document.

\_\_\_\_\_ It is my desire that my funeral shall be held at the church listed below, where the clergy in charge of said church shall arrange for the services.

Church Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

### The Service

Liturgy Choices:

\_\_\_\_\_ Rite 1 Traditional Language

\_\_\_\_\_ Rite 2, Contemporary Language

\_\_\_\_\_ Enriching Our Worship

Some of my favorite hymns and musical selections:

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Some of my favorite passages of Scripture, literature, etc.:

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Some of my favorite flowers and colors are:

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I would like to emphasize the following theme/message for framing the service:

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**A Service in Thanksgiving for the Life of:**

Your Name\_\_\_\_\_

Musical Prelude\_\_\_\_\_

I want Holy Communion as a part of this service: **Yes / No**

**Gathering in God's Name**

Opening Hymn\_\_\_\_\_

Source\_\_\_\_\_ No.\_\_\_\_\_

**Liturgy of the Word**

Hebrew Scripture\_\_\_\_\_

Psalm\_\_\_\_\_ Epistle\_\_\_\_\_

Gradual Hymn / Solo / Anthem\_\_\_\_\_

Source\_\_\_\_\_ No.\_\_\_\_\_

Gospel Reading\_\_\_\_\_

**Departing in Peace**

Closing Hymn\_\_\_\_\_

Source\_\_\_\_\_ No.\_\_\_\_\_

Musical Postlude\_\_\_\_\_

**Potential Participants in the Funeral Service**

Clergy \_\_\_\_\_ Assisting Clergy \_\_\_\_\_

Preacher \_\_\_\_\_

Acolytes \_\_\_\_\_

Pallbearers \_\_\_\_\_

\_\_\_\_\_

Readers \_\_\_\_\_

Ushers \_\_\_\_\_

Musicians \_\_\_\_\_

**Others whom I would like to participate**

Name \_\_\_\_\_ Role \_\_\_\_\_

Name \_\_\_\_\_ Role \_\_\_\_\_

Name \_\_\_\_\_ Role \_\_\_\_\_

Name \_\_\_\_\_ Role \_\_\_\_\_

Name \_\_\_\_\_ Role \_\_\_\_\_

Name \_\_\_\_\_ Role \_\_\_\_\_

**Other Miscellaneous Information Regarding My Funeral**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 8. Information Concerning My Burial

### Funeral Home

Contact Person \_\_\_\_\_

Funeral Home \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ I have a prepaid arrangements    \_\_\_\_\_ I have made plans but have not prepaid

### Final Disposition of My Body

\_\_\_\_\_ Full body buried in a cemetery plot    Location \_\_\_\_\_

Cremation with burial in a cemetery plot    Location \_\_\_\_\_

\_\_\_\_\_ Full body buried in St. Mark's Cemetery

\_\_\_\_\_ Cremation ashes interred in St. Mark's Cemetery

\_\_\_\_\_ Cremation ashes scattered (location) \_\_\_\_\_

\_\_\_\_\_ Donation of entire body or organs

Name of Donor Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

### Cemetery

Name of Cemetery \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_



## 9. Personal Information Needed by Survivors

Location of my will and trusts

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Location of securities, life insurance, etc., and/or name, address, phone no. of broker.

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Location of deed, mortgage agreement, lease, car title, etc.

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Location of papers concerning arrangements for organ donations

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\_\_\_\_\_ Estimated number of copies of death certificate needed to process my estate (copies required for Social Security, VA, each insurance company, each bank account, every stock and/or bond, house and other properties).

Names of persons who have been given copies of sections of these forms (financial POA, health care, executors, funeral directors, parish church, family/friends).

Name_____	Phone_____
Name_____	Phone_____
Name_____	Phone_____
Name_____	Phone_____
Name_____	Phone_____

List of websites and Passwords: (Consult agencies such as Facebook, twitter, etc. about how to terminate and/or change your on-line presence.)


Other information that may be helpful to my survivors:

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