

NEXT-OF-KIN FORM

Webster Groves Presbyterian Church

There are occasions in the care and concern for one another when it is desirable for the church to have on record the names of next of kin and/or close friends. We would appreciate your sharing this information, as well as keeping it up to date when any of the information changes. **This form will be kept in a confidential file and will be used ONLY in the case of an emergency.**

Date: _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Cell (_____) _____

Name of spouse or other family member living with you _____

Your alternative address _____
(if applicable)

City _____

Your alternative phone number (_____) _____

State _____ Zip _____

People to Contact in Case of Emergency

Your next of kin—such as a son, daughter, sister, etc.:

Name _____

Relationship _____

Address _____

City _____

Phone (_____) _____

State _____ Zip _____

A second person (if you choose):

Name _____

Relationship _____

Address _____

City _____

Phone (_____) _____

State _____ Zip _____

Someone who might know about your schedule or travels, if there is a need or a concern, and we need to contact you:

Name _____

Relationship _____

Address _____

City _____

Phone (_____) _____

State _____ Zip _____

Please return to our church office:

Webster Groves Presbyterian Church
ATTN: Dr. Lancaster
45 West Lockwood Avenue
St. Louis, MO 63119

MY WISHES AT THE END OF MY LIFE

Name _____

Date of birth _____

Place of birth _____

Spouse's name _____ Alive ___ Deceased ___ Anniversary _____

Family members:	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Legal Information

Do you have an attorney? _____ Name and phone number: _____

Do you have a Do Not Resuscitate (DNR) order? _____ Where is there a copy? _____

Do you have a Will? _____ Where is there a copy? _____

Do you have a Living Will? _____ Where is there a copy? _____

Do you have a *general* Power of Attorney? _____

Name and phone number _____

Do you have a *health care* Power of Attorney? _____

Name and phone number _____

End-of-Life Plans

Name of funeral home _____

Name of cemetery/crematorium _____

If applicable, body donation to _____

Memorial Garden of Webster Groves Presbyterian Church: Niche ___ Burial ___ Paver ___

Type of service: Funeral ___ Memorial service ___ Graveside only ___
With interment? ___ With interment? ___ With interment? ___

Meaningful scripture verses:

Special hymns/anthems:

Memorials: _____

Signature _____

Date _____