

# Unitarian Universalist Fellowship of the Eastern Slopes

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## CONFIDENTIAL END OF LIFE PLANNING FORM

Although it may be hard to do, thinking in advance about the end of our life is healthy and helpful for us and for our families and friends. It is wise to make arrangements before a crisis occurs. Advance thought and arrangements allow us some peace of mind in a crisis. The purpose of this form is to provide information for those who care for you in the event of a life crisis or for those who will be making arrangements at the time of your death.

This information will assist others in carrying out your wishes and simplify the completion of forms they may encounter, including a death certificate. It does not take the place of a will, a living will, or a medical power of attorney. As part of your end of life planning, we strongly urge you to consult a lawyer and make sure that all necessary legal documents are completed.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

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

Citizen of \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_

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

Are you a Veteran? \_\_\_\_\_

If so, Dates and Serial Number \_\_\_\_\_

Father's full name \_\_\_\_\_

Father's Place of Birth \_\_\_\_\_

Mother's full maiden name \_\_\_\_\_

Mother's Place of Birth \_\_\_\_\_

Partner's full name \_\_\_\_\_

Names of Children and Birth Dates \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names, address and phone numbers of children not living at home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have guardians been selected for minor-age children in case of death of both parents? If so, name and address, phone number and relationship:

\_\_\_\_\_

Person to contact in a crisis: \_\_\_\_\_

Should the above person not be available, please contact: \_\_\_\_\_

Lawyer's name, address and phone number \_\_\_\_\_

\_\_\_\_\_

Doctor's name, address and phone number \_\_\_\_\_

\_\_\_\_\_

Special Medical Instructions \_\_\_\_\_

\_\_\_\_\_

**Final Arrangements**

Have you made a will? \_\_\_\_\_

Where is it located? \_\_\_\_\_

Who knows where valuables, securities, etc. are kept? \_\_\_\_\_

Funeral or Memorial Society in which you hold a membership (name and location)  
\_\_\_\_\_

Name, address and phone number of funeral home that you have chosen (or prefer)  
\_\_\_\_\_

Which arrangements do you wish? Burial \_\_\_\_\_ Cremation \_\_\_\_\_

Type of container (You may specify type, material or price ranges desired)  
\_\_\_\_\_

If marker is desired, what kind, size, etc.? \_\_\_\_\_

Do you want to bequeath your body to science? \_\_\_\_\_

If yes, appropriate forms have been filed with the following medical center:  
\_\_\_\_\_

Do you want to donate your organs? \_\_\_\_\_

Designate organs or parts: \_\_\_\_\_

Forms have been filed with the following organ bank or institution:  
\_\_\_\_\_  
\_\_\_\_\_

Do you prefer a funeral or a memorial service? \_\_\_\_\_

Note: At a funeral service the body is present. At a memorial service the body is not present. Memorial Services are more common but not required among Unitarian Universalists.

If a funeral, do you want the casket open for services? \_\_\_\_\_

Is the body to be shown either privately or at public visiting hours? \_\_\_\_\_

Would you prefer a memorial service within a week of your death? \_\_\_\_\_

Whom do you wish to plan and conduct your memorial service? \_\_\_\_\_

Location of service Do you want flowers? \_\_\_\_\_

In lieu of flowers donations may be given to \_\_\_\_\_

\_\_\_\_\_

Do you have special music, hymns or writings you want included in the service?

\_\_\_\_\_

\_\_\_\_\_

Even though life crisis information is extremely important, it is not intended to replace the pre-planning of funeral or memorial services. Members and Friends of the Unitarian Universalist Fellowship of the Eastern Slopes are strongly encouraged to talk with the minister about their specific hopes and plans with regards to these services.

Please feel free to make any additional comments you have on an attached sheet.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return your form to the UUFES office where it will be placed in the Life Crisis File in the Minister's office.