

## In Case of Life Threatening Illness or Death

This form is provided in order that significant information be conveniently available. If you choose to share it with LUF, it will be kept in your confidential file. It is wise to discuss this information with your family, give a copy to your next of kin, and keep a copy with your personal records. Update it anytime you wish; be sure to date this form and any subsequent changes. Lakehead Unitarian Fellowship would like to be informed of any life crisis of our members.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone(s) \_\_\_\_\_

City and Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Single      Married      Coupled      Divorced      Widowed

Name of Spouse or Partner \_\_\_\_\_ Spouse's Social Insurance No. \_\_\_\_\_

Veteran      Division / Rank / Years of Service \_\_\_\_\_

Father's Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Children (Please give their names and birth dates, plus address and phone number and/or email address if no longer living with you):

\_\_\_\_\_

Close Relatives (Names, addresses and phone numbers):

\_\_\_\_\_

Close friends who can help in a time of crisis (Names, addresses and phone numbers):

\_\_\_\_\_

Doctor's name and phone: \_\_\_\_\_

Dentist's name and phone: \_\_\_\_\_

Attorney's name and phone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Space for additional information & comments:

Do you have a Power of Attorney for Health Care? Yes No  
If so, who is your primary agent?

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Who is your alternate?

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Have you executed a Declaration of your wishes (a Living Will) regarding extraordinary treatment in case of life threatening illness? Yes No  
If so, where is it located?

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Does your physician have a copy? Yes No  
Do you wish to donate organs at time of death? Yes No  
If yes, where is your organ donation form located?

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Do you have a will or living trust? Yes No Not applicable  
If yes, where is it located?

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Have Guardian(s) been selected for your minor children in the event of death of both parents?  
If Yes, No, Not applicable  
If yes, give their name, address and phone:

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Do you belong to a funeral or memorial society? Yes No  
If so, which one?

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Which death arrangements do you wish? D Burial D Funeral (with casket or ashes present)  
Cremation Memorial Service (where?)

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Your chosen location for burial, or the storing or scattering of ashes:

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Who do you wish to have in charge of after-death details?

Things to be sure are included in the service (thoughts, readings, music):

Have you filled out a Memorial Planning Worksheet? Yes No

Preference for a minister/ other officiant to conduct the service:

Other people I would like to take part in the service:

To what organizations or causes would you appreciate gifts in your memory to be given?

*(Please consider making a gift to the Lakehead Unitarian Fellowship:)*

Please notify my church, **Lakehead Unitarian Fellowship**

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