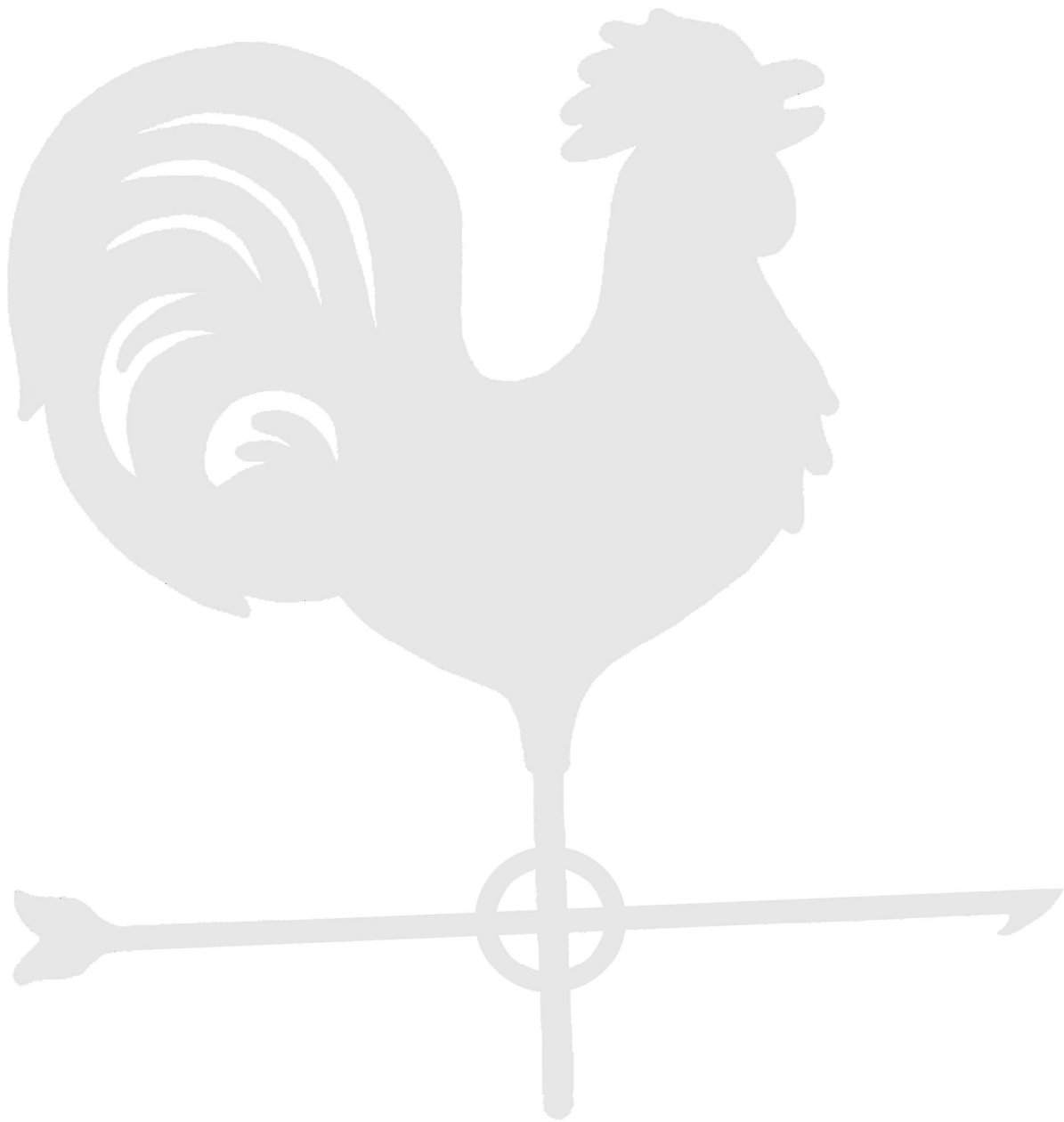


# TRINITY EPISCOPAL CHURCH

## LIFE PLANNING AND END-OF-LIFE PLANNING INVENTORY

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# Trinity Episcopal Church

**Mail to:** P.O. Box 127; Upperville, Virginia 20185

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**Phone:** 540-592-3343

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## SECTION 1: EMERGENCY CONTACT INFORMATION

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Date of Completion \_\_\_\_\_

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

Current 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 the case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_) \_\_\_\_\_

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

### Alternate Contact in the case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_) \_\_\_\_\_

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

## SECTION 2-A: ADDITIONAL EMERGENCY CONTACT INFORMATION

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name \_\_\_\_\_ Date of Completion \_\_\_\_\_

### **Trinity Episcopal Church, or other congregation/parish church.**

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

Address \_\_\_\_\_

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

Daytime Phone(\_\_\_\_\_) \_\_\_\_\_

Rector/Clergy \_\_\_\_\_

### **Health Care Surrogate** to make health care and other personal decisions on your behalf.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_\_) \_\_\_\_\_

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_\_) \_\_\_\_\_

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

## SECTION 2-B: ADDITIONAL EMERGENCY CONTACT INFORMATION

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name \_\_\_\_\_ Date of Completion \_\_\_\_\_

### 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 \_\_\_\_\_

### SECTION 3: HEALTH CARE PROFESSIONAL CONTACT INFORMATION

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name \_\_\_\_\_ Date of Completion \_\_\_\_\_

#### Primary Care Physician/Provider

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_\_) \_\_\_\_\_

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

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

#### Other Physicians or Health Care Professionals

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_\_) \_\_\_\_\_

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_\_) \_\_\_\_\_

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

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

## SECTION 4-A: FAMILY & OTHER KEY PERSONAL CONTACTS

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name \_\_\_\_\_ Date of Completion \_\_\_\_\_

### Family & Other 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 \_\_\_\_\_

## SECTION 4-B: FAMILY & OTHER KEY PERSONAL CONTACTS

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name \_\_\_\_\_ Date of Completion \_\_\_\_\_

### Family & Other 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 \_\_\_\_\_

## SECTION 5: BUSINESS & FINANCIAL CONTACTS

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name \_\_\_\_\_ Date of Completion \_\_\_\_\_

### Employer

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

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone(\_\_\_\_\_) \_\_\_\_\_

### Bank Accounts

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

Address \_\_\_\_\_

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

Daytime Phone(\_\_\_\_\_) \_\_\_\_\_

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) \_\_\_\_\_

## SECTION 6: BIOGRAPHICAL DATA FOR CERTIFICATE & OBITUARY

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name \_\_\_\_\_ Date of Completion \_\_\_\_\_

Your Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

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

### Your Parents

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

Deceased? \_\_\_\_\_ Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

Occupation \_\_\_\_\_

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

Deceased? \_\_\_\_\_ 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 & Cities of Residence

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

**Brothers/Sisters & Cities of Residence**

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

**Schools you Attended and Degrees**

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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 the 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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## SECTION 7: MY FUNERAL SERVICE

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name \_\_\_\_\_ Date of Completion \_\_\_\_\_

### FUNERAL SERVICE INFORMATION

**Date:**

Celebrant: \_\_\_\_\_

Organist: \_\_\_\_\_

Musicians: \_\_\_\_\_

\_\_\_\_\_

Lay Readers: \_\_\_\_\_

\_\_\_\_\_

Chalice Bearers: \_\_\_\_\_

Acolytes: \_\_\_\_\_

Ushers: \_\_\_\_\_

\_\_\_\_\_

Pall Bearers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In Lieu of Flowers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Service:**

Rite I  or Rite II

Opening Anthem: \_\_\_\_\_

Hymn: \_\_\_\_\_

Collect: \_\_\_\_\_

1<sup>st</sup> Lesson: \_\_\_\_\_

Psalm/Canticle/Hymn \_\_\_\_\_

Epistle: \_\_\_\_\_

Psalm/Canticle/Hymn \_\_\_\_\_

Gospel: \_\_\_\_\_

Homily: \_\_\_\_\_

Tribute: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Prayers: \_\_\_\_\_

Eucharist: YES  or NO

Eucharistic Prayer: \_\_\_\_\_

Sanctus: \_\_\_\_\_

Fraction hymn: \_\_\_\_\_

During Communion: \_\_\_\_\_

Post Communion Prayer: \_\_\_\_\_

**Commendation:** \_\_\_\_\_



## SECTION 8: INFORMATION CONCERNING MY BURIAL

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name \_\_\_\_\_ Date of Completion \_\_\_\_\_

### Funeral Home

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

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

Address \_\_\_\_\_

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

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

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

### Final Disposition of My Body

\_\_\_\_\_ Body buried in a cemetery plot

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

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

\_\_\_\_\_ Cremation with interment in Trinity Church's Cemetery

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

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

Address \_\_\_\_\_

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

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

### Cemetery

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

Address \_\_\_\_\_

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

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

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

## SECTION 9: PERSONAL INFORMATION NEEDED BY SURVIVORS

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name \_\_\_\_\_ Date of Completion \_\_\_\_\_

Location of my will and trusts

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

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

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

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

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

Location of papers concerning arrangements for organ donations

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

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

Other information that may be helpful to my survivors.

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