



UNITARIAN UNIVERSALIST CONGREGATION OF ASHEVILLE

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EMERGENCY CONTACT FORM

This form is for the confidential use of the ministers and others you select to receive copies. Please complete this form and attach copies of all documents you wish to have on file with the Lead Minister. **If you wish to complete parts of this form and leave others blank, that is fine.** Please feel free to attach any additional information. We encourage you to update this form when it is appropriate. Having this information on file enables your congregation to better serve you and your family in the event of a death or other crisis.

Please call the office if you wish to receive additional copies of this form. To receive assistance with completing this form or to facilitate a family discussion regarding decisions, please contact the Pastoral Care Team at care@uuasheville.org.

PERSONAL INFO

Full Name: _____ Date of Birth: _____

Spouse/Partner/Roommate's Name: _____

Spouse/Partner/Roommate's Phone Number: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Landline: _____

Email: _____

IMPORTANT CONTACTS

· Name(s) and birth date(s) of children at home: _____

· Names, addresses, and phone numbers of other close relatives (in priority of notification):

<u>Name</u>	<u>Relation</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT CONTACTS (continued from page 1)

· Names, addresses, and phone numbers of others who can help in a crisis (**in priority of notification**):

· Who has a set of keys to your home? _____

What is this person's phone number? _____

· Name/Phone of Primary Medical Provider: _____

· Name/Phone of Attorney: _____

· Have guardians been designated for your minor children in case of emergency or illness? **Y N**

If yes, Name/Phone Number of Designated Guardian(s): _____

PETS AND OTHER ANIMALS

· Please describe the animal(s) in your care (pet, service, other): _____

· Do you have plans for the care of animals in case of emergency or illness? _____

· Name/Phone of Veterinarian: _____

IMPORTANT DOCUMENTS *Please consider providing a copy for confidential church files.*

· Do you have current Living Will/ Healthcare Power of Attorney (LW/HCPOA) paperwork? **Y N**

If yes, Name/Phone of your Healthcare agent and location of paperwork: _____

If no, would you like someone from the Pastoral Care Team to contact you about completing LW/HCPOA paperwork? **Y N**

· Do you have an updated Will? Where is it located? _____

· Would you like to speak to someone about including the Unitarian Universalist Congregation of Asheville or another Unitarian Universalist organization in your will? **Y N**

· Did you serve in the military? **Y N**

Your Signature _____ **Date** _____