



EMERGENCY INFORMATION

DATE OF COMPLETION: _____

Full Name: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Work Phone: _____

Email Address: _____

Date of Birth: _____

Blood Type: _____

EMERGENCY CONTACT(s)

Name: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Work Phone: _____

Email Address: _____

Name: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Work Phone: _____

Email Address: _____

MEDICAL INFORMATION

Doctor: _____

Primary Phone: _____

Address: _____

City/State/Zip: _____

Preferred Hospital: _____

Insurance Coverage: _____

Additional Medical Information: _____

ADDITIONAL INFORMATION

Do you have a living will or medical power of attorney? Yes No

If yes, where is it located? _____

Are you an organ donor? Yes No

Do you have a signed authorization for organ donation?

If yes, where is it located? _____

Do you have a will? Yes No

If yes, where is it located? _____

FUNERAL PLANNING WORKSHEET

Funeral home preference: _____

Do you prefer: Burial Cremation

Do you have a gravesite? Yes No

If yes, where is it located? _____

Do you have a Calvary Columbarium Niche? Yes No

If yes, what is the Niche number? _____

Do you prefer: Church service Graveside service Both

Clergy preference: _____

Florist preference: _____

Donations in lieu of flowers should go to: _____

Holy Eucharist: No Yes

Eucharistic Form: _____

Names of Eucharistic Ministers: _____

Name of Crucifer/Acolyte: _____

Names of Ushers: _____

Names of Honorary Pall Bearers: _____

Scripture Readings

First Lesson: _____ Reader: _____

Psalm: _____ Reader: _____

Second Lesson: _____ Reader: _____

Gospel: _____

Other Readings: _____

Who will read the Prayers: _____

Who will process the Elements: _____

Music Information *(in consultation with the Organist/Choirmaster)*

Organist: _____

Prelude: _____

Processional: _____

Hymns: _____

Solos or Instrumental pieces: _____

Recessional: _____

Other: _____