

Mortuary

Name _____
Address _____
City _____
State _____ Zip _____
Phone (_____) _____

Religious Affiliation

Denomination _____
Affiliation _____
Address _____
City _____
State _____ Zip _____

Person to handle my financial affairs in my incapacity

Name _____
Relationship _____
Address _____
City _____
State _____ Zip _____
Home Phone (_____) _____
Work Phone (_____) _____
Cell Phone (_____) _____

Under what legal arrangements may this person assume responsibility?

- Durable Power of Attorney
- Non-Durable Power of Attorney
- Trust
- Joint Checking Account
- Conservator
- Other: _____

A copy of my will is on file with:

Name _____
Relationship _____
Address _____
City _____
State _____ Zip _____
Home Phone (_____) _____
Work Phone (_____) _____
Cell Phone (_____) _____

Do you have Durable Power of Attorney for Health Care? Yes No If yes:

Name _____
Relationship _____
Address _____
City _____
State _____ Zip _____
Home Phone (_____) _____
Work Phone (_____) _____
Cell Phone (_____) _____
Date of Durable Power _____
Have you filed a copy with NCPHS? Yes No

Other Contact

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Other Contact

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Other Contact

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Other Contact

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Other Legal Arrangement(s)
