

**Unitarian Universalist Fellowship at Stony Brook**  
**380 Nicolls Rd., East Setauket, NY 11733-1163 (PO Box 602, Stony Brook, NY 11790)**  
**631-751-0297 [www.uufsb.org](http://www.uufsb.org)**

Please make a Contacts entry on your cell phone for ICE (In Case of Emergency) with the number of the # 1 person you would like to be called in an emergency situation. Please add the congregation's phone number (631-751-0297) and Rev. Margie's cell # (203-228-0911) to your list of emergency contacts that you carry with you at all times. Also give it to your doctor, attorney, family, friends and neighbors and post on your fridge.

**In the event of a medical emergency or death, this is my information:**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Home/Cell phone \_\_\_\_\_  
Address \_\_\_\_\_  
E-mail \_\_\_\_\_ Social Security number \_\_\_\_\_  
Employer name/phone \_\_\_\_\_

**IN AN EMERGENCY, PLEASE CALL ONE OR MORE OF THE FOLLOWING:**

	Name	Address	Phone
Spouse/partner			
_____			
Parent			
_____			
Children			
_____			
Family members			
_____			
Friend			
_____			
Neighbor			
_____			
Doctor			
_____			
Attorney			
_____			

**DECISIONS REGARDING MEDICAL CARE:**

**Have you made out a Living Will?** \_\_\_\_\_ **Where located?** \_\_\_\_\_

**Have you made out a Health Care Proxy?** \_\_\_\_\_ **Where located?** \_\_\_\_\_

Who is the designated proxy? Name/Phone \_\_\_\_\_

Note: You may send copies of your Living Will and Health Care Proxy along with this form.

**FUNERAL/MEMORIAL SERVICE ARRANGEMENTS**

**What would you like for your body after death?**

Burial? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have a cemetery plot? \_\_\_\_\_ Location of deed? \_\_\_\_\_

Cremation? \_\_\_\_\_

Ashes buried? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have a cemetery plot? \_\_\_\_\_ Location of deed? \_\_\_\_\_

Ashes scattered? \_\_\_\_\_ Where? \_\_\_\_\_

Ashes given to \_\_\_\_\_

Donation of body to \_\_\_\_\_

Have you made arrangements? \_\_\_\_\_

With whom? \_\_\_\_\_ Location of paper work? \_\_\_\_\_

Have you discussed this option with next of kin? \_\_\_\_\_

**Do you wish to have a funeral? \_\_\_\_\_ or a memorial service? \_\_\_\_\_.**

(A memorial service typically occurs after burial or cremation. A funeral service occurs prior to burial or scattering/burial of ashes and the ashes or coffin are often present for the service.)

**Do you have any requests for the funeral/memorial service? (Music, readings, speakers, location. . .)**

Please specify here (and continue to a separate sheet if necessary)

**Have you chosen a funeral home? Name/phone \_\_\_\_\_**

**If you have not, or do not wish to make these decisions, who would you like to make them?**

Name/address/phone \_\_\_\_\_

**Is there any other information you think we should have in order to help you in an emergency?**

If so please specify on a separate sheet.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**KEEP ONE COPY FOR YOUR RECORDS AND GIVE COPIES TO UU FELLOWSHIP AT STONY BROOK, FAMILY MEMBERS, YOUR ATTORNEY, AND YOUR PHYSICIAN. All information will be kept in a confidential file in the minister's office. This form may be revised or replaced at any time.**