

NEXT-OF-KIN FORM

Webster Groves Presbyterian Church

There are occasions in the care and concern for one another when it is desirable for the church to have on record the names of next of kin and/or close friends. We would appreciate your sharing this information, as well as keeping it up to date when any of the information changes. **This form will be kept in a confidential file and will be used ONLY in the case of an emergency.**

PLEASE PRINT

Name _____ TODAY'S DATE _____

Address _____ City/State/Zip _____

Phone (_____) _____ Cell/Alternative (_____) _____

Name of spouse or other family member living with you _____

Alternative address (if applicable) _____ City/State/Zip _____

People to Contact in Case of Emergency

Your next of kin (such as a son, daughter, sister, etc.)

Name _____ Relationship _____

Address _____ City/State/Zip _____

Phone (_____) _____ Cell/Alternative (_____) _____

A second person (if you choose)

Name _____ Relationship _____

Address _____ City/State/Zip _____

Phone (_____) _____ Cell/Alternative (_____) _____

Someone who might know about your schedule or travels (if there is a need/concern and we need to contact you)

Name _____ Relationship _____

Address _____ City/State/Zip _____

Phone (_____) _____ Cell/Alternative (_____) _____

Please return to our church office:

Webster Groves Presbyterian Church
ATTN: Rev. Ed Zumwinkel
45 West Lockwood Avenue
St. Louis, MO 63110

MY WISHES AT THE END OF MY LIFE

PLEASE PRINT

Name _____ TODAY'S DATE _____

Date of birth _____ Place of birth _____

Spouse's name _____ Alive ___ Deceased ___ Anniversary _____

Family members:	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
	_____	_____	(____) _____
	_____	_____	(____) _____
	_____	_____	(____) _____

Legal Information

Do you have an attorney? _____ Name and phone number: _____

Do you have a Do Not Resuscitate (DNR) order? _____ Where is there a copy? _____

Do you have a Will? _____ Where is there a copy? _____

Do you have a Living Will? _____ Where is there a copy? _____

Do you have a *general* Power of Attorney? _____

Name _____ Phone (____) _____

Do you have a *health care* Power of Attorney? _____

Name _____ Phone (____) _____

End-of-Life Plans

Name of funeral home _____

Name of cemetery/crematorium _____

If applicable, body donation to _____

Memorial Garden of Webster Groves Presbyterian Church: Niche _____ Burial _____ Paver _____

Type of service: Funeral _____ Memorial service _____ Graveside only _____

With interment? _____ With interment? _____ With interment? _____

Meaningful scripture verses

Special hymns/anthems

Will there be memorials directed to WGPC? _____

Will there be a legacy gift from your estate plan for WGPC? _____