Orange County Friends Meeting

Information & Instructions on Health Care Decisions and Final Affairs

Make provisions for the settlement of all outward affairs while in health, so that others may not be burdened and so that one may be freed to live more fully in the Truth that shall stand against all the entanglements, distractions, and confusions of our times.

Identification			
Name		Date	
Current address			
Directives the Meeting should know about			
I have completed a Durable Power of Attorney for Health Care Dec	isions:	□ Yes	□ No
I have completed forms to be an organ donor:		□ Yes	□ No
I have signed a will:		□ Yes	□ No
Copies of the above documents are located in the following place(s	s)		
Requests to the Meeting			
I request that the Society of Friends carry out the following upon m	y death:		
Persons to be notified immediately			
Name	Phone		
Address	Relations	hip	
Name	Phone		
Address	Relations	hip	
Name	Phone		
Address	Relations	hip	

Disposition of the remains

If you are a member of a	a memorial s	ociety, please pr	ovide the following:	
Name and address			Ph	none
Location of contract				
Disposal of body	□ Burial	☐ Cremation	☐ Medical Research	
If cremation, indicate your	preferred site	for disposal of ash	nes	
Cemetery preferred:	□ Commoi	n plot □ Fam	nily Plot	
If you own a cemetery p	lot:			
Location of cemetery				
Location of contract or dee	d			
Location of release papers				
Preferred undertaker				
If you have burial insura				
Insurance company and po	olicy number			
If no insurance, how will	expenses of	f burial be met?		

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Memorial service

Do you wish the meeting	to hold a memoria	al service?	□ Yes	□ No	
Please indicate any spec	ial requests (e.g.,	poems, music,	locations,	etc.)	
If flowers are accepted, whe	ere should they be s	ent			
Name of organizations for c	ontributions in lieu o	of flowers			
Care of minor children	n if no parent su	ırvives			
	-				
Please indicate any instru	uctions to the Mee	ting for care if	your childr	en.	
Information for death	certificate				
The following must agree	with legal records	s and nolicies			
The following must agree	wiir legal records	s and policies			
Full legal name				Social Security N	umhar
i dii legai name				Oocial Occurry 14	umber
Current address					
Current address					
Date of birth	Birth place (place,	county state if in	1167	Citizenship	
Date of birtin	Birtir place (place, t	county, state if in	0.3.)	Citizeriship	
Occupation	Current employer				
Occupation	Current employer				
Title	Address				
1100	, tadi 000				
Father's full name					
. actor o fair flame					
Mother's full maiden name					

Your signature Date
Recorder Date received

Privacy matters

The Recorder of Orange County Friends Meeting will store this document in a secure location, and it will not be read by anyone while you are alive. It will be returned to you, or destroyed, anytime at your request. If you wish, you may return it to the recorder in a sealed envelope, and it will be retained with the seal unbroken until needed.