

# 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 Decisions:     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)

.....  
.....  
.....

### Requests to the Meeting

I request that the Society of Friends carry out the following upon my death:

.....  
.....  
.....  
.....

### Persons to be notified immediately

.....  
Name

.....  
Phone

.....  
Address

.....  
Relationship

.....  
Name

.....  
Phone

.....  
Address

.....  
Relationship

.....  
Name

.....  
Phone

.....  
Address

.....  
Relationship

**Disposition of the remains**

If you are a member of a memorial society, please provide the following:

.....  
Name and address Phone

.....  
Location of contract

Disposal of body       Burial       Cremation       Medical Research

.....  
If cremation, indicate your preferred site for disposal of ashes

Cemetery preferred:       Common plot       Family Plot

If you own a cemetery plot:

.....  
Location of cemetery

.....  
Location of contract or deed

.....  
Location of release papers

.....  
Preferred undertaker

If you have burial insurance:

.....  
Insurance company and policy number

If no insurance, how will expenses of burial be met?

.....  
.....  
.....

**Memorial service**

Do you wish the meeting to hold a memorial service?     Yes     No

Please indicate any special requests (e.g., poems, music, locations, etc.)

.....  
.....  
.....  
.....  
.....

If flowers are accepted, where should they be sent

.....

Name of organizations for contributions in lieu of flowers

**Care of minor children if no parent survives**

Please indicate any instructions to the Meeting for care if your children.

.....  
.....  
.....  
.....  
.....

**Information for death certificate**

*The following must agree with legal records and policies*

Full legal name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current address \_\_\_\_\_

Date of birth \_\_\_\_\_ Birth place (place, county, state if in U.S.) \_\_\_\_\_ Citizenship \_\_\_\_\_

Occupation \_\_\_\_\_ Current employer \_\_\_\_\_

Title \_\_\_\_\_ Address \_\_\_\_\_

Father's full name \_\_\_\_\_

Mother's full maiden name \_\_\_\_\_

