

Unitarian Universalist Fellowship of Gainesville

Life Transitions

*Help your church be there for you in
time of crisis or transition*

Please complete as much or as little of this form as you feel comfortable. You are encouraged to make an appointment with the minister to discuss the details of your wishes. If you need more room, use a separate page or the back.

Confidential

Your Name: _____ Birth Date _____

Phone/email: _____

Address: _____

Spouse/Partner/Friend's name: _____

Contact information: _____

Who has keys to your house? _____

<u>Children</u>	<u>Adult? (yes/no)</u>	<u>Phone & email</u>	<u>City/State</u>
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Have you selected Guardians for minor/disabled children and/or pets? _____

Name and phone/email: _____

Doctors' names and phones: _____

Whom to contact in a crisis (friends, family, attorney) _____

Do you have a will, living will, health care power of attorney, or other? _____

Who has access to these documents? _____

Are you a veteran? _____ Which branch of service? _____

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Your answers to these next questions could help your church respond to your wishes in the event of your death.

Do you want to be: Buried? _____ Cremated? _____ Donation of Body? _____

Where? _____

Have you made prior arrangements for any of the above? ____

If yes, who has access to this information? _____

Whom do you wish to be in charge of your after-death details? _____

Is there a funeral home or memorial society you prefer? _____

Location for burial/storage or scattering of ashes: _____

Do you have special requests for a funeral or memorial service?

Conducted by: Current UUFG minister _____

Other (name, contact information) _____

Are there persons you would like to be invited to speak? _____

Music, hymns, poetry or scripture to be included: _____

If possible, please attach text of requested poetry.

Anything you really do NOT want to happen or be said in the service?

Do you have a preferred recipient for memorial gifts? _____

Unitarian Universalist Fellowship of Gainesville? (any particular UUFG
program? e.g. RE, Music, Building fund, Foundation) _____

Other organization (specify) _____

In lieu of flowers? (yes or no) _____

Have you prepared written instructions or more complete information than given
here? If so, where are they located and/or who knows about them? _____

Signed _____

Date _____

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Veterans

What branch of service were you in? _____

What were the dates of your service? _____

What did you do in the military? _____

Did you serve in a combat area? _____ If yes, what were your duties?

Do you wish to have a military Honor Guard at your funeral/memorial service? _____

*Which family member would be most knowledgeable to coordinate the Honor Guard? _____

*Is there a fellow service member you would like to assist your family with the Honor Guard or other aspects of your funeral/memorial service? _____

Who should receive your American flag? _____

Do you belong to a veteran's group(s)? _____

Where is your DD214 (discharge form) located, and who has access to it? _____

Would you wish to be buried/interred in a cemetery specifically for veterans?

Is there a favorite military story you would like included in the funeral/memorial service? If yes, please share it on the reverse of this form.

Please also use the reverse, or additional sheets, to note anything else you would like people to know about you related to your service.

Signature _____

Date _____