

# UUVC Personal Planning Worksheet

(Updated September 2, 2016)

The purpose of this worksheet is to help your planning, and for your family and your church in case of your death or in an emergency. Copies of this document should be 1) given to your next of kin, 2) placed with your personal papers, 3) filed with your attorney, 4) placed on file with UUVC. The worksheet will be held as confidential by UUVC and used only in case of an emergency. Omit any information you do not want to provide or that is not relevant. Please sign at end of document.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical** - Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Agent (Power of Attorney) for Health Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Living Will (Advance Directive for Health Care): \_\_\_\_\_

**Legal** - Attorney – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Power of Attorney – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Will: \_\_\_\_\_

Location of Safe Deposit Box: \_\_\_\_\_

Person who can access box: \_\_\_\_\_

Other Special Arrangements \_\_\_\_\_ Phone: \_\_\_\_\_

**Contacts** - Kin Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Person to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Person to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Person(s) to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Memorial/ Funeral Services** - Funeral Home: \_\_\_\_\_ Prearranged? \_\_\_\_\_

Cemetery: \_\_\_\_\_ Where? \_\_\_\_\_ Prearranged? \_\_\_\_\_

If Cremation: Urn in UUVC Columbarium \_\_\_\_\_ Other Place – Where? \_\_\_\_\_

Scatter ashes – Where? \_\_\_\_\_

Organ donation: \_\_\_\_\_ Body to Medical School: \_\_\_\_\_

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No service \_\_\_\_\_ UUVC Memorial Service \_\_\_\_\_ UUVC Funeral \_\_\_\_\_

Open casket \_\_\_\_\_ Graveside Service \_\_\_\_\_

Funeral or Memorial Service elsewhere: Where \_\_\_\_\_

Visitation \_\_\_\_\_ Wake \_\_\_\_\_ Celebration-of-Life Gathering: \_\_\_\_\_ Where? \_\_\_\_\_

Preferred speaker at final ceremony: UU Minister \_\_\_\_\_ Other \_\_\_\_\_

Any special music or readings that you would like to be remembered by:

1) Readings or poetry (specific or general) \_\_\_\_\_

2) \_\_\_\_\_

3) Music preferences (specific or general) \_\_\_\_\_

4) \_\_\_\_\_

Further instructions and arrangements: \_\_\_\_\_

\_\_\_\_\_

**Memorial Gifts** - Gifts in my memory should be sent to: UUVC Memorial Fund, 403 Barcelona Rd., Hot Springs Village, AR 71909. Yes? \_\_\_\_

or to \_\_\_\_\_ Address: \_\_\_\_\_

or to \_\_\_\_\_ Address: \_\_\_\_\_

### Personal History for Obituary

(If you have a draft of your obituary, please attach)

Name you prefer to be used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Birthplace: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Birthplace: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Deceased? \_\_\_\_ Date: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Additional marriage information on back of form? Yes? \_\_\_\_

Children's names (Indicate if any deceased) and place of residence: \_\_\_\_\_

\_\_\_\_\_

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Additional names or spouse's names on back of form? Yes? \_\_\_\_\_

Number of Grandchildren: \_\_\_\_\_ Number of Great-grandchildren: \_\_\_\_\_

Brothers and sisters (Indicate if any deceased) and place of residence: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Additional names or spouse's names on back of form? Yes? \_\_\_\_\_

Other Significant persons: \_\_\_\_\_, \_\_\_\_\_

Your occupation (s) and employment: \_\_\_\_\_, \_\_\_\_\_

Education (schools, years, degrees): \_\_\_\_\_

Military service (years and rank): \_\_\_\_\_

Moved to Hot Springs Village in: \_\_\_\_\_ From: \_\_\_\_\_

UUVC (member, friend) since: \_\_\_\_\_ Offices held: \_\_\_\_\_

Organizations: (membership, offices held): \_\_\_\_\_

Awards, honors, special achievements: \_\_\_\_\_, \_\_\_\_\_

Other:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Note: Please review this form annually, and submit a revised form to UUVC and your family if any of the contact information has changed or you just changed your mind about something.

UUVC Memorial Committee