

**CALVARY
EMERGENCY INFORMATION**

Updated as of _____

Name: _____ Gender: ___ F ___ M

Address: _____

City/State/Zip _____

Home Phone: _____ Work Phone: _____

Birthdate: _____ Blood Type: _____ Usual Blood Pressure: _____

Primary Emergency Contact: _____ Phone: _____

Address: _____ Relationship: _____

Secondary Emergency Contact: _____ Phone: _____

Address: _____ Relationship: _____

Back Up Contact: Calvary Episcopal Church-Pastoral Care Office Phone: 901-525-6602

Doctor: _____ Phone: _____

Preferred Hospital: _____

Medical Insurance: _____

Additional Medical Information: _____

ADDITIONAL INFORMATION (please X or circle appropriate response):

Do you have a living will or Medical Power of Attorney? ____Y ____N

If Yes, where is it located? _____

Are you an organ donor? ____Y ____N

Do you have a signed authorization for organ donation? ____Y ____N

If Yes, where is it located? _____

Do you have a will? ____Y ____N

If Yes, where is it located? _____

Do you have written funeral arrangements anywhere? ____Y ____N

If Yes, where are they located? _____

Do you prefer: ____burial? ____cremation?

Funeral Home Preference: _____

Do you have a gravesite? ____Y ____N

If yes, where is it located? _____

Do you prefer: ____church service ____grave side service ____both

Preferred Clergy: _____

Preferred Music: _____

Preferred Readings: _____

Pall Bearers: _____

Readers: _____

Preferred Flowers: _____

Donations "in lieu" of flowers should go to: _____

Friends or Neighbors to be notified: _____

This form is kept confidentially on file by Calvary Episcopal Church, 102 N. 2nd St., Memphis, TN 38103