



Life Planning and End-of-Life Planning Inventory

Trinity Episcopal Church has developed a series of forms to help you and those you love plan for emergency situations and end-of-life care. It has nine separate easy to use sections that allow you to keep all your critical information in one document. Each form is designed to be printed separately to allow you to share only those sections you want to share with various individuals. Trinity Church will accept whatever portions of the forms you may care to share and keep them on file. You can do yourself and your loved ones a favor by taking the time to complete this information.

120 Sigourney Street, Hartford, CT 06105, 860-527-8133

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Trinity Episcopal Church

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Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church. Date of Completion _____

1. Emergency Contact Information

My Full Name _____

Current Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-mail Address _____

Social Security Number _____

Date of Birth _____

Primary Health Insurer _____

(Medicare is considered primary)

Health Insurance Policy No. _____

Supplemental Insurer _____

Supplemental Insurance Policy No. _____

The First Person to notify in the case of emergency:

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____ Evening Phone(_____) _____

Relationship _____ E-mail _____

Alternate Contact in the case of emergency:

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____ Evening Phone(_____) _____

Relationship _____ E-mail _____

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Your Name _____ Date of Completion _____

2. Additional Emergency Contact Information

Trinity Episcopal Church, or other congregation/parish church.

Church Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____

Rector/Clergy _____

Health Care Surrogate to make health care and other personal decisions on your behalf.

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____ Evening Phone(_____) _____

Relationship _____ E-mail _____

Financial Power of Attorney to make financial decisions on your behalf.

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____ Evening Phone(_____) _____

Relationship _____ E-mail _____

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Your Name _____ Date of Completion _____

2. Additional Emergency Contact Information (continued)

Executor of Your Will or Trustee to carry out your wishes after your death.

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____ Evening Phone(_____) _____

Relationship _____ E-mail _____

Attorney

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____ Evening Phone(_____) _____

Relationship _____ E-mail _____

Other Emergency Contact

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____ Evening Phone(_____) _____

Relationship _____ E-mail _____

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3. Health Care Professional Contact Information

Primary Care Physician/Provider

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____ Evening Phone(_____) _____

E-mail _____

Area of Practice/Specialty _____

Other Physicians or Health Care Professionals

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____ Evening Phone(_____) _____

E-mail _____

Area of Practice/Specialty _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____ Evening Phone(_____) _____

E-mail _____

Area of Practice/Specialty _____

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Your Name _____ Date of Completion _____

4. Family & Other Key Personal Contacts

Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone(_____) _____ Evening Phone(_____) _____
Relationship _____ E-mail _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone(_____) _____ Evening Phone(_____) _____
Relationship _____ E-mail _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone(_____) _____ Evening Phone(_____) _____
Relationship _____ E-mail _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone(_____) _____ Evening Phone(_____) _____
Relationship _____ E-mail _____

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Your Name _____ Date of Completion _____

4. Family & Other Key Personal Contacts (Continued)

Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone(_____) _____ Evening Phone(_____) _____
Relationship _____ E-mail _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone(_____) _____ Evening Phone(_____) _____
Relationship _____ E-mail _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone(_____) _____ Evening Phone(_____) _____
Relationship _____ E-mail _____

Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone(_____) _____ Evening Phone(_____) _____
Relationship _____ E-mail _____

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5. Business & Financial Contacts

Employer

Contact Person _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____

Bank Accounts

Bank Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone(_____) _____

Checking Account No.(s) _____

Savings Account No. _____

Contact Person _____

Other Financial Institutions (e.g. Broker, Life Insurance Company)

Institution/Relationship _____

Daytime Phone(_____) _____

Account No.(s) _____

Institution/Relationship _____

Daytime Phone(_____) _____

Account No.(s) _____

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Your Name _____ Date of Completion _____

6. Biographical Data for Death Certificate & Obituary

Your Birthplace City _____ State _____ Country _____

Your Date of Birth _____

Your Parents

Your Father's Full Name _____

Deceased? _____ Birth date _____ Birthplace _____

Occupation _____

Your Mother's Full Name _____

Deceased? _____ Birth date _____ Birthplace _____

Occupation _____

Your Present Marital Status (circle)

Single, Married, Partnered, Widowed, Separated, Divorced

Date of ceremony _____ Dissolution Date, if any _____

Name of Spouse/Partner _____

Birth Date _____ Place of Birth _____ Date of Death _____

Spouse/Partner Occupation _____

Names of Children & Cities of Residence

Brothers/Sisters & Cities of Residence

Number of Grandchildren _____

Number of Great-Grandchildren _____

Schools you Attended and Degrees

Your Present Occupation

Name of Organization _____

Address _____

Present Position _____ Dates Employed _____

Previous Occupations

Military Record (important in the case of possible veterans' benefits and/or burial)

Date Enlisted _____ Rank _____

Branch of Service _____ "C" Number _____

Date Discharged _____ Service No. _____

Veterans' Organizations _____

Association Affiliations, Labor Unions, Political Offices Held, Club Memberships

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Your Name _____ Date of Completion _____

7. My Funeral Service

My Full Name _____

In the Episcopal tradition, it is customary for members to be buried from the church. The Prayer Book calls for the body/ashes to be present, although a service, without a body present, may be held. The casket will be closed in the church and will be covered by a white pall, provided by the church.

_____ Yes, it is my desire that my funeral shall be held at the Trinity Episcopal Church, Hartford

_____ It is my desire that my funeral shall be held at the church listed below, where the rector or clergy in charge of said church shall arrange for the services.

Church Name _____

City _____ State _____ Phone _____

The Service

Some of my favorite hymns and musical selections:

Some of my favorite passages of Scripture, literature, etc.:

Some of my favorite flowers and colors are:

I would like to emphasize the following theme/message for framing the service?

A Service in Thanksgiving for the Life of

Your Name _____

Musical Prelude _____

I prefer Rite I _____ or, I prefer Rite II _____ in the Book of Common Prayer

Gathering in God’s Name

Opening Words (page) _____ Collect (page) _____

Hymn Name _____

Hymn Source _____ No. _____

Liturgy of the Word

Hebrew Scripture _____

Psalm _____

Epistle _____

Gradual Hymn Name _____

Hymn Source _____ No. _____

Gospel Reading _____

Creed (page) _____ Prayers of People (page) _____ Greeting of Peace

Liturgy of the Eucharist

Offertory Music _____

Hymn Source _____ No. _____

Eucharistic Prayer (page) _____ Sanctus No. _____

Communion Hymn(s) _____

Hymn Source _____ No. _____

Departing in Peace

Post Communion Prayer (page) _____ The Commendation (page) _____ Benediction

Closing Hymn _____

Hymn Source _____ No. _____

Musical Postlude _____

Potential Participants in the Funeral Service

Celebrant(s) _____

Homilist _____

Crucifer _____

Acolytes _____

Pallbearers _____

Readers _____

Lay Ministers _____

Ushers _____

Musicians _____

Altar Guild _____

Others whom I would like to participate

Name _____ Role _____

Name _____ Role _____

Name _____ Role _____

Name _____ Role _____

Name _____ Role _____

Name _____ Role _____

Other Miscellaneous Information Regarding My Funeral

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Your Name _____ Date of Completion _____

8. Information Concerning My Burial

Funeral Home

Contact Person _____

Funeral Home _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail _____

_____ I have a prepaid arrangements _____ I have made plans but have not prepaid

Final Disposition of My Body

_____ Body buried in a cemetery plot

_____ Cremation with burial in a cemetery plot
(cremation required pre-signed papers required by Connecticut State law)

_____ Cremation ashes scattered (location) _____

_____ Cremation with interment in Trinity Church's Memorial Garden

_____ Donation of entire body or organs

Name of Donor Organization _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail _____

Cemetery

Name of Cemetery _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail _____

_____ I have a prepaid arrangements _____ I have made plans but have not prepaid

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9. Personal Information Needed by Survivors

Location of my will and trusts

Location of securities, life insurance, etc., and/or name, address, phone no. of broker.

Location of deed, mortgage agreement, lease, car title, etc.

Location of papers concerning arrangements for organ donations

_____ Estimated number of copies of death certificate needed to process my estate (copies required for Social Security, VA, each insurance company, each bank account, every stock and/or bond, house and other properties).

Names of persons who have been given copies of sections of these forms (financial POA, health care, executors, funeral directors, parish church, family/friends).

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Other information that may be helpful to my survivors.
