

LOCATION OF PERSONAL DOCUMENTATION

I choose **not** to have a copy of the pertinent health care/end-of-life documents on file, at the Chancery. In order to assist those responsible for my care, and in the event of my incapacitation or death, a copy of such forms can be found with the following individual(s):

Information of Contact Person(s):

Name: _____

Relationship: _____

Telephone #: _____

Address: _____

Name: _____

Relationship: _____

Telephone #: _____

Address: _____

Funeral Directives:

In the event of my death, please call the following funeral home:

I would like my funeral Mass to be celebrated at the following church:

I would like to be buried in the following cemetery:

The individual(s) listed below, with the most current address and telephone number, will coordinate my funeral arrangements and serve as executor of my estate: _____
