

Personal Emergency Information

Unitarian Universalist Church of the Restoration

Please consider submitting this form in order for the church to be of assistance in emergencies.

The following confidential information will be used in case of emergency when it is necessary to establish contacts.

NAME: _____ SPOUSE/LIFE PARTNER: _____

ADDRESS: _____

TELEPHONE NOS.: (____) _____ (____) _____ (____) _____

EMAILS: _____

BIRTHDATE: _____ SOCIAL SECURITY NUMBER _____

DURABLE POWER OF ATTORNEY: ☐ YES ☐ NO. IF YES, PLEASE LIST NAME: _____

ADDRESS: _____ TELEPHONE: (____) _____

HEALTH CARE SYSTEM
OR FAMILY PHYSICIAN: _____ ADDRESS/
TELEPHONE: _____

CONTACT IN EMERGENCY	RELATIONSHIP	ADDRESS	TELEPHONE
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

COMMENTS: _____

DATE: _____

(SIGNED) _____

- Please return one copy to the church, marked ATTENTION MODERATOR, and make a copy for your personal files. All information is confidential.
- If spouse/life partner has a different last name, please file a separate form. Additional forms at church office or on web site in "Forms"
- Additional information regarding arrangements in case of death should be submitted to the minister on a "Life Crisis File" form available at the church office.

6900 Stenton Avenue, Philadelphia, PA 19150

Telephone: 215-247-2561 Fax: 215-242-9250 Email: moderator@uurestoration.us Web Site: <http://www.uurestoration.us>