

End-of-Life Plans and Wishes Form
Mountain View Friends Meeting

Please complete page one so that the Death and Memorials Committee has your emergency contact information. Page two has additional information regarding your end-of-life wishes. Please complete page two if you want family and close friends to have this information. **Be sure to keep a copy for your own records in a place that your family or friends can easily access.**

Member/Attender Name:

Home Address:

Phones: home: work: cell:

Email:

Emergency contacts in the event of serious injury/illness, death, or impending death:

First Choice Name:

Address:

Phones: home work cell:

Email:

Second Choice Name:

Address:

Phones: home: work: cell:

Email:

Have you considered leaving at least a small part of your estate to MVFM and/or Quaker Service organizations (FGC, FCNL, AFSC)? Please contact the Death and Memorials Committee for resources to assist you with your estate planning.

Signature _____ Date _____

Please return to a committee member or mail to: Mountain View Friends Meeting
Death and Memorials Committee
2280 S. Columbine St.
Denver, CO 80210

Please complete page two if you would also like your family and friends to have specific information on end-of-life plans and wishes.

Additional Information for End-of-Life Plans and Wishes:

I have:

- a will: yes no located at/with_____
- advanced directives: yes no located at/with_____
- burial/cremation arrangements: yes no located at/with_____
- all necessary arrangements completed for end-of-life: yes no located at/with_____

Additional Records (give location of record, or name, address, phone no of who has it):

Durable Power of Attorney_____

Medical Power of Attorney_____

Your Attorney_____

Your Physician_____

Health Insurance_____

Preferred Hospital_____

Location of important papers_____

Burial arrangements/cemetery/crematory_____

Specific instructions:

I would like a memorial service yes no

Please type or print clearly any special wishes (poems, readings, music) for this gathering or attach additional information if you wish:

Signature_____Date_____