

**Life Crisis / Emergency Form**  
**Saint Aidan's Episcopal Church, San Francisco**

This information can be helpful for the clergy in the event of a crisis or life emergency. If you would like to have this information on file at the church, please return one copy to this office. Keep one for your personal file. All information is confidential. Extra copies of the form are available on request.

Name: \_\_\_\_\_

Please Print, Last Name, First Name, Middle Name

Name of spouse/significant other/next of kin:

\_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

In case of a health emergency at church: what is your Health Insurance provider? What is your member, policy, or medical record number?

\_\_\_\_\_

\_\_\_\_\_

Names & Phone numbers of close friends or caregivers who can help in a crisis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant Health Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Care Provider Information: address, and phone number

\_\_\_\_\_

Do you have a POLST (Physician Order for Life Sustaining Treatment)? If yes, please attach it here.

A Durable Power of Attorney for Health Care (DPAHC)?

Yes  No

If yes, where is the DPAHC located? \_\_\_\_\_

If Yes, who is designated to speak for you if you cannot?

\_\_\_\_\_

What is their contact information? \_\_\_\_\_

Have guardians been selected for your dependents or animal companions? If so, please provide guardians' names, addresses, and phone numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARRANGEMENTS IN the EVENT OF DEATH**

**(Note - this is not a substitute for meeting with the Rector to plan for your memorial/funeral service)**

Have you selected a funeral home?  YES,  NO

If yes, provide the name and telephone number

\_\_\_\_\_  
\_\_\_\_\_

Do you wish to donate your body to a medical school? If so, please share the name of the school and contact information:

---

What is your preference for the disposition of your body? (E.g. Burial, Cremation, Water Cremation - with or without embalming etc.)

---

Where do you wish to be buried or have your ashes scattered?

---

Are there any additional comments, information or requests that you wish to add?

---

---

---

---

---

---

Name (please print)

---

Last Name, first name, Middle name

\_\_\_\_\_ Date: \_\_\_\_\_

Signature

This form can also be found online at:

<https://www.staidansf.org/pastoral-care-in-community>