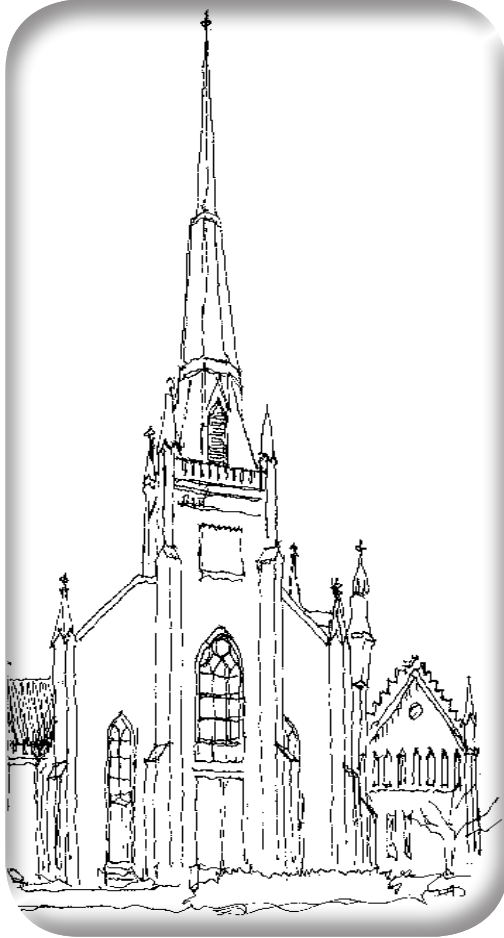


*Putting My House in Order:  
Information and Planning  
Needed at the Time of My Death*



First Presbyterian Church  
200 West Trade Street  
Charlotte, NC 28202-1623  
[www.firstpres-charlotte.org](http://www.firstpres-charlotte.org)

THIS BOOKLET HAS BEEN COMPILED FOR THE CONGREGATION OF FIRST PRESBYTERIAN CHURCH with the belief that because death and dying are part of living, preparation represents Christian stewardship. The booklet is intended to be a guide which you should personalize for your own situation. Having your affairs in order prior to your death is a tremendous gift to your grieving family and friends. **Therefore:**

1. You are urged to fill in the information while you are well and of sound mind.
2. You are urged to update the information and keep it timely.
3. You are urged to inform your family of the location of this booklet and to keep it accessible, but in a safe location.
4. You are encouraged to fill out the insert sheet and return the sheet to First Presbyterian Church to be kept on file to be used by the family and church at the time of your death.

### **The Congregational Support Committee**



**\* Note to family:** at the time of the death of a member of First Presbyterian Church, please contact the church office at 704.332.5123.

# *Emergency Information*

**Full Name:** \_\_\_\_\_

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

## **In Case of Medical Emergency:**

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

What hospital should you be transported to? \_\_\_\_\_

Who maintains an up-to-date list of your prescription medications?

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

## **In the Event of Your Death**

People to contact immediately:

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Who has instructions for your burial and funeral or memorial service?  
(check all that apply)

- Funeral Home       Church       Family Member  
 Lawyer       Friend

List the persons, places and phone numbers of those who have instructions:

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**Important:** Provide a copy of this form to anyone who might be immediately available in case of emergency (a neighbor, family member, friend, in-home health care worker, etc.)

# Medical Information

Medical Insurance Carrier \_\_\_\_\_

Other Medical Insurance \_\_\_\_\_

Are you eligible for Medicare?  Yes  No

Are you eligible for Medicaid?  Yes  No

Your Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

List your other Physicians and their specialty areas here:

Doctor \_\_\_\_\_ Specialty \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Specialty \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Specialty \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Specialty \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Specialty \_\_\_\_\_ Phone \_\_\_\_\_

(Include cardiologist, oncologist, orthopedist, neurologist, or surgeon you use)

What other clinics or hospitals would have files about your health conditions and previous treatment? (Include “walk-in” immediate care clinics, Veteran’s Hospitals and clinics, and specialized treatment centers out of state or town)

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

Do you have a living will or other written advanced medical directives?  Yes  No

If yes, where is a copy located or who has access to a copy? \_\_\_\_\_

Have you designated someone to have a Health Care Power of Attorney?  Yes  No

Have you made legal arrangements to be an organ donor?  Yes  No

If yes, where can your instructions be located? \_\_\_\_\_

List Pharmacy or Pharmacies that dispense your prescriptions \_\_\_\_\_

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



## *Check List for Important Documents*

Know, secure and record the location of the following important documents and instructions. **Write the location of this information and not the information itself.** After the location of the document has been recorded, place a check in the box. **DO NOT LEAVE ANY ITEM BLANK;** instead indicate “Does Not Apply” or “No Record” and then check it off. Provide family members and/or your legal advisor with up-to-date copies of this form. **Bold print** on an item indicates another form in this Planning Guide that can be used to gather this information.

<b>Your Name:</b>	<b>Date of this list:</b>
-------------------	---------------------------

<u><b>Information/Document</b></u>	<u><b>Document Location</b></u>
------------------------------------	---------------------------------

- |  |       |
|--|-------|
| <input type="checkbox"/> Birth Certificate:  | _____ |
| <input type="checkbox"/> Marriage Certification/License:   | _____ |
| <input type="checkbox"/> Divorce Decree:   | _____ |
| <input type="checkbox"/> Death Certificate of Spouse:  | _____ |
| <input type="checkbox"/> Social Security Card:   | _____ |
| <input type="checkbox"/> Military Service Records:   | _____ |
| <input type="checkbox"/> <b>Physicians/Specialists and their phone numbers:</b>  | _____ |
| <input type="checkbox"/> <b>Hospital to use in an emergency:</b>   | _____ |
| <input type="checkbox"/> <b>Pharmacy and an up-to-date list of medications:</b>  | _____ |
| <input type="checkbox"/> Medicare Card/Records:  | _____ |
| <input type="checkbox"/> Medicaid Card/Records:  | _____ |
| <input type="checkbox"/> Living Will (Instructions for end-of-life health care or advanced medical directives):                                | _____ |
| <input type="checkbox"/> Power of Attorney for Health Care:  | _____ |
| <input type="checkbox"/> Power of Attorney for Financial/Legal/Personal Affairs:   | _____ |
| <input type="checkbox"/> Health Insurance Policies (including “Medi-gap” policies):  | _____ |
| <input type="checkbox"/> Nursing Home/Long Term Care Policies:   | _____ |
| <input type="checkbox"/> Disability Policies:  | _____ |
| <input type="checkbox"/> Life/Accidental Death Policies:   | _____ |
| <input type="checkbox"/> Pension/retirement Benefits (including health, disability, or death benefits and the organizations distributing them) | _____ |
| <input type="checkbox"/> <b>“At Death” Instructions</b> (persons to contact):  | _____ |

# Check List for Important Documents

## Information/Document

## Document Location

**Funeral/Memorial Service Instructions**

(Service type and details, location, etc.):

\_\_\_\_\_

Cemetery Plot or Niche Deed:

\_\_\_\_\_

Funeral Insurance Policy:

\_\_\_\_\_

Will and/or Trust Documents:

\_\_\_\_\_

Charitable Gift Annuity Documents:

\_\_\_\_\_

Tax Records:

\_\_\_\_\_

Bank Checking and Savings Account Records:

\_\_\_\_\_

Stocks and Bonds Records:

\_\_\_\_\_

Brokerage Account Records:

\_\_\_\_\_

Certificate of Deposit (CD) Records:

\_\_\_\_\_

Other Investment Records:

\_\_\_\_\_

Credit Card Records:

\_\_\_\_\_

Home Deed and Title:

\_\_\_\_\_

Mortgage Records:

\_\_\_\_\_

Other Realty Property, Holdings, Investments:

\_\_\_\_\_

Apartment Lease:

\_\_\_\_\_

Homeowners or Apartment Insurance Policy:

\_\_\_\_\_

Insurance Riders on Personal Property:

\_\_\_\_\_

Automobile Titles:

\_\_\_\_\_

Auto Insurance Policies:

\_\_\_\_\_

Personal Property:

\_\_\_\_\_

Appraisals of Special Collections:

\_\_\_\_\_

Bank Security Box and Key Location:

\_\_\_\_\_

Computer Location and Password(s):

\_\_\_\_\_

E-mail Service Provider and Password(s):

\_\_\_\_\_

Other Web Accounts and Password(s):

\_\_\_\_\_

Other (\_\_\_\_\_)

\_\_\_\_\_

Other (\_\_\_\_\_)

\_\_\_\_\_

Other (\_\_\_\_\_)

\_\_\_\_\_

# *At Death, Burial, and Service Instructions*

**Instructions for:** \_\_\_\_\_

(Your name here)

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

Does anyone have written instructions for your burial arrangements?

(Check all that apply)

- No arrangements made     This document only     Funeral Home  
 Church     Family Member     Lawyer     Friend

List the person or places, along with phone numbers, where your instructions can be located: \_\_\_\_\_

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

If you have a preference for a **Funeral Home** or **Director**, please indicate

\_\_\_\_\_

## Burial Preferences

Casket (list type of casket if pre-arrangements not made) \_\_\_\_\_

\_\_\_\_\_

Cremation \_\_\_\_\_

Donation to Medical School (indicate institution to receive body)

\_\_\_\_\_

Other \_\_\_\_\_

## Burial Location

Cemetery (name and location) \_\_\_\_\_

Has plot been purchased?  Yes  No If yes, plot location: \_\_\_\_\_

\_\_\_\_\_

Interment of ashes in Church's columbarium

Has niche been purchased?  Yes  No If yes, niche location: \_\_\_\_\_

\_\_\_\_\_

Other arrangements (please specify) \_\_\_\_\_

## Type of service Preferred

- Memorial Service     Funeral Service     Service of Committal  
(graveside only)

## Location of Memorial or Funeral service

First Presbyterian Church     Chapel

Other \_\_\_\_\_

# *At Death, Burial, and Service Instructions*

Request for specific **Scriptures** in the service:

Request for specific **music** in the service (including special instruments or vocal selections):

Hymn selections:

Other service request:

List of **pall bearers**:

Do you wish any **military or fraternal rites** following the service?

Yes  No If yes, please specify \_\_\_\_\_  
Military service information \_\_\_\_\_

Wishes regarding **memorial gifts** (check all that apply)

Memorial Contributions to First Presbyterian Church

Contributions to First Presbyterian Church for the following specific need or fund: \_\_\_\_\_

Contributions to the following charities: \_\_\_\_\_

**Obituary Information** you wish included in the newspaper

Check if written on additional paper; please staple to this form

**Authorization:** I understand that the instructions on this form are not legally binding and may be altered at my written request. I also understand that my requests and wishes will be honored within the guidelines established by the *Book of Order* (Presbyterian Church USA) and any policies in force which govern such services established by the Session of First Presbyterian Church.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# At Death, Burial, and Service Instructions

Instructions for: \_\_\_\_\_

(Your name here)

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

Does anyone have written instructions for your burial arrangements?

(Check all that apply)

- No arrangements made    This document only    Funeral Home  
 Church    Family Member    Lawyer    Friend

List the person or places, along with phone numbers, where your instructions can be located: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have a preference for a **Funeral Home** or **Director**, please indicate

## Burial Preferences

Casket (list type of casket if pre-arrangements not made) \_\_\_\_\_  
\_\_\_\_\_

Cremation \_\_\_\_\_

Donation to Medical School (indicate institution to receive body) \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_

## Burial Location

Cemetery (name and location) \_\_\_\_\_

Has plot been purchased?  Yes  No If yes, plot location: \_\_\_\_\_  
\_\_\_\_\_

Interment of ashes in Church's columbarium

Has niche been purchased?  Yes  No If yes, niche location: \_\_\_\_\_  
\_\_\_\_\_

Other arrangements (please specify) \_\_\_\_\_

## Type of service Preferred

- Memorial Service    Funeral Service    Service of Committal  
(graveside only)

## Location of Memorial or Funeral service

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Other \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Roland P. Perdue, III*  
*Interim Senior Minister*

*Wesley B. Barry*  
*Associate Minister*  
*for*  
*Evangelism and Administration*

*Katherine C. Kerr*  
*Associate Minister*  
*for Pastoral Care*  
*and Congregational Life*

*Kathleen A. Crowe*  
*Associate Minister*  
*for Service and Missions*

*J. Kirk Hall, IV*  
*Associate Minister*  
*for Christian Education*

*William P. Young, III*  
*Director*  
*of Music Ministries*