

SISTERS FOR CHRISTIAN COMMUNITY

VITAL INFORMATION SHEET

Today's Date _____

NAME: _____ DATE OF BIRTH: _____

____ No information changes within the past year
If there are no changes please send uncompleted form anyway
so we know your records are up to date

ADDRESS: _____

street number

City

State

Country

Postal Code

PHONE: Home: _____ Cell: _____

EMAIL ADDRESS: _____

SFCC REGION: _____

PRESENT MINISTRY/WORK: _____

SFCCs with whom I network or stay in contact: _____

EMERGENCY:

Whom to be notified in case of emergency, accident, or death:

NAME: _____ RELATION: _____

PHONE: Home: _____

Email Address: _____

If above person cannot be reached, try this alternate:

NAME: _____ RELATION: _____

PHONE: Home: _____ Work: _____

Email Address: _____

My **WILL** is located:

My EXECUTOR: _____ RELATION: _____

ADDRESS: _____

PHONE: Home: _____ Work: _____

Email Address: _____

My family/Friends/ SFCC know who to contact in SFCC in case of my illness, accident or death: _____
yes _____No

My funeral/Memorial service is located: _____

My plans and wishes are known by: _____

Living Will/Durable Power of Attorney for health care: _____yes _____no

If YES, then Health Care agents should be confirmed and should have copies of official documents.
Copies should be sent to the SFCC Archives for safekeeping

Person who knows/understand my plans for health care:

NAME: _____ RELATION: _____

PHONE: Home: _____ Work: _____

Email Address: _____

Please attach/enclose any other information you want kept in your SFCC member file in the archives

Signed: _____

Date: _____

Send to:

Fran Campbell/SFCC Archives

38230 Azalea Dr

Palm Desert, CA 92260 USA

you may email as attachment to: archivessfcc@gmail.com