

**The Episcopal Church of St. Paul & St. James, 57 Olive St., New Haven, CT 06511**  
203-562-2143

Personal Data & Information Regarding End-of-Life Planning. Whatever information you choose to share will be kept confidential on file at church.

Your Name \_\_\_\_\_ Date of Completion \_\_\_\_\_

**2. Additional Emergency Contact Information**

St. Paul & St. James Church, or **congregation/parish church.**

Church Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone(\_\_\_\_\_) \_\_\_\_\_

Rector/Clergy \_\_\_\_\_

**Health Care Agent** to make health care decisions on your behalf.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone(\_\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

**Financial Power of Attorney** to make financial decisions on your behalf.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone(\_\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_