

**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 (continued)**

**Executor of Your Will** to execute your wishes after your death.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

**Attorney**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

**Other Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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