

**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 \_\_\_\_\_

**5. Business & Financial Contacts**

**Employer**

Contact Person \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

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

**Bank Accounts**

Contact Person \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Checking Account No.(s) \_\_\_\_\_

Savings Account No. \_\_\_\_\_

Contact Person \_\_\_\_\_

**Other Financial Institutions (e.g. Broker, Life Insurance Company)**

Institution \_\_\_\_\_

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

Account No.(s) \_\_\_\_\_

Institution \_\_\_\_\_

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

Account No.(s) \_\_\_\_\_