

The Episcopal Church of St. Paul & St. James, 57 Olive Street, 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.

Date of Completion_____

1. Emergency Contact Information

My Full Name_____

Current Address_____

City_____ State_____ Zip Code_____

Phone_(_____)_____ E-mail Address_____

Social Security Number_____

Date of Birth_____

Primary Health Insurer_____

(Medicare is considered primary)

Health Insurance Policy No._____

Supplemental Insurer_____

Supplemental Insurance Policy No._____

The First Person to notify in the case of emergency:

Name_____

Address_____

City_____ State_____ Zip Code_____

Daytime Phone(_____)_____ Evening Phone(_____)_____

Relationship_____ E-mail_____

Alternate Contact in the case of emergency:

Name_____

Address_____

City_____ State_____ Zip Code_____

Daytime Phone(_____)_____ Evening Phone(_____)_____

Relationship_____ E-mail_____