

**The Episcopal Church of St. Paul & St. James, 57 Olive St., New Haven, CT 0651**  
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 \_\_\_\_\_

**3. Health Care Professional Contact Information**

**Primary Care Physician/Provider**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Area of Practice/Specialty \_\_\_\_\_

**Other Physicians or Health Care Professionals**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Area of Practice/Specialty \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Area of Practice/Specialty \_\_\_\_\_