

**All Souls Unitarian Church Members' End of Life Information**

The purpose of this form is to assist the ministers in carrying out your wishes, and to contact those you want notified, if necessary. The information is confidential and will be kept at All Souls in a private, locked file. You may place other relevant important documents and information that might be of assistance to the ministers in this file as well, such as a copy of an Advance Directive. You, your legal personal representative, or a person you designate at the end of this form, may have your documents removed or destroyed upon request. Revisions should be made whenever changes occur in the information you have provided. The two pages labeled "Vital Statistics" include all the information that will be needed to complete a death certificate.

Memorial Services at All Souls emphasize enduring memories that bring inspiration and comfort to surviving family and friends. We intend to use the information provided to help us create a service which reflects your values and priorities.

Thank you for taking the time to provide us with this information.

Member Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Notifications: Please list the names and phone numbers of up to four people you would like us to contact, if necessary.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

Notes: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

Notes: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

Notes: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

Notes: \_\_\_\_\_

## Vital Statistics Reporting

These items are necessary to complete a death certificate. Death certificate information is used for genealogy, for public health tracking, and for historical analyses.

Member Name: \_\_\_\_\_  
*First Middle Last Suffix*

Last Name Prior to First Marriage: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Ever in Armed Forces? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*City & State or Foreign Country*

Residence: \_\_\_\_\_  
*Street No. Street Apt or Room No. (if app) City or Town*  
\_\_\_\_\_ Inside City Limits? Yes / No  
*County State Zip*

*[Residence at time of death may be different from mailing address or legal address. For death certificate, if person was living in an institutional setting, such as a nursing home, the address of the institution is what needs to be entered.]*

Marital Status:  Married  Married previously  Never married

If married, Surviving Spouses' Name:

Husband, full name: \_\_\_\_\_ *or*

Wife, full name prior to first marriage: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
*First Middle Last Suffix*

Mother's Name,  
prior to  
first marriage: \_\_\_\_\_  
*First Middle Last Suffix*

Is decedent of Hispanic origin? Select from one of the following options:

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino; specify \_\_\_\_\_

Race: Check one or more races to indicate what the decedent considered himself or herself to be:

- White
- Black or African American
- American Indian or Alaska Native – Name of tribe \_\_\_\_\_  
*(includes North America, Central America, South America)*
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian \_\_\_\_\_
- Pacific Islander \_\_\_\_\_
- Other \_\_\_\_\_

Education: Enter highest degree or level of school completed:

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> – 12<sup>th</sup> grade, no diploma
- high school graduate or GED completed
- some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, JD, LLB)

Usual occupation engaged in for most of life, prior to retirement:

\_\_\_\_\_

Type of business/industry: \_\_\_\_\_

- - - End of Vital Statistics / Death Certificate Information - - -

**Body/Organ Donation, Cremation, Burial**

1. Do you want to be an Organ Donor?  Yes  No  
If yes, have you registered with LifeShare Oklahoma and/or made your wishes known in an Advance Directive?

*If you are an organ donor, your body will be returned to the family, and you need to have plans for burial or cremation.*

2. Do you want to donate your body to a medical school?  Yes  No  
If yes, have you made prior arrangements with  OU Medical School,  
 OSU Medical School, other: \_\_\_\_\_

*If your body is donated to a medical school, they will eventually cremate it, and return remains as directed. Remember that even if you have made arrangements, the school may or may not be able to accept your donation at time of death. You need to have an alternate plan, should that occur.*

3. Funeral Home Preference: *(note that direct cremation must be arranged through a funeral home)* \_\_\_\_\_

4. Do you want a viewing at the Funeral Home?  Yes  No

5. Do you want to be cremated?  Yes  No

Do you want your ashes to be scattered in the All Souls Memorial Garden?  
 Yes  No

If No, please advise what you would like done with your cremains?

\_\_\_\_\_  
\_\_\_\_\_

6. Do you want to be buried?  Yes  No

Name and location of cemetery (town and state)\_\_\_\_\_

\_\_\_\_\_

**Memorial Service Information**

This information will help your family and the church provide for your wishes about memorial services. Please attach any other information that you think would be helpful as well.

1. Location of Memorial Services:

All Souls Yes\_\_\_\_ No\_\_\_\_

Other location \_\_\_\_\_  
\_\_\_\_\_

2. Charity(ies) in Lieu of Flowers (please list names and addresses):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Groups and Organizations that have mattered to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Recommendations for special music:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Recommendations for readings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Reception at All Souls: Yes\_\_\_\_ No\_\_\_\_

7. Other requests for your memorial service:

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\_\_\_\_\_  
\_\_\_\_\_  
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## Life Memories

1. Significant family of origin story:

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2. Significant memory of love:

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3. One of the funniest moments of my life:

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4. One of the saddest moments of my life:

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5. How I hope to be remembered and how that changes my life now:

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6. My significant memories of All Souls:

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Please feel free to list the names of people you would like the church to be aware of:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Attach additional pages to add any other information that you think might be helpful.

My legal representative\* may request copies or originals of this document and any related documents on file and may direct the church on their disposition. I would like to also permit the following people to have access to this information.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\* holder of durable power of attorney while I am alive; executor of estate after I die.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please attach copies of any Life Decisions paperwork or other documents you would like us to be aware of. Documents will be kept in the same locked file as this form.*