

Unitarian Universalist Congregation of Fairfax Final Arrangements Form

This form provides UUCF staff information that may be helpful in the case of death.

Date _____

Full Name _____

Address _____

Daytime Phone _____

Email _____

Date of Birth _____

Place of Birth _____

Do you have an advanced medical directive (living will)? (yes or no) _____

If so, would you like UUCF to have a copy to keep on file? (yes or no) _____

Please attach a copy if you'd like UUCF to keep a copy on file.

Person(s) to contact in case of death:

Name	Address	Daytime Phone #	Relationship

Disposition of Remains

Cremation _____ Burial _____ Other (please specify) _____

Name and address of funeral home _____

Placement of ashes or body _____

Preferred memorial service information (Location, clergy, speakers, music, reception, etc. Attach additional information, if necessary)

Is the Unitarian Universalist Congregation of Fairfax included in your will? (yes or no) _____

Would you like a member of the Endowment Committee to contact you? (yes or no) _____