

Putting My House in Order

Information and Plans Needed at the Time of Death

Putting My House in Order

Your Congregational Support Ministry Team at First Presbyterian Church believes that preparing for death and dying represent good stewardship.

We prepared this booklet for our First Presbyterian family, hoping it will offer a path to peace of mind to you and comfort to those who will grieve when you are gone.

We urge you to:

- Fill in the information while you are well and of sound mind;
- Update the information and keep it timely;
- Place this booklet in a safe, accessible location and let your family know where it is;
- Provide a copy of this document to the person or people closest to you

The first section of this booklet is related to planning for your death. The second section, which begins on page 12, is related to handling medical emergencies and could be vital for family and caregivers.

Note to the family: When a member of First Presbyterian Church dies, please contact the church office at 704.332.5123.

Part I: Planning for Your Death

Full Name: _____

Date: _____

Social Security Number: _____

Immediate Contacts in the Event of Your Death

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Part I: Checklist for Important Documents

Please indicate where each of the documents listed below are located. Provide family members and/or your legal advisor with up-to-date copies of this form.

If a document is not relevant, please write "Does not apply" or "No record" in the space provided. Don't leave any item blank. Use this document only to provide the location of the information, not to fill in the information itself.

Birth Certificate: _____

Marriage License/Certificate: _____

Divorce Decree: _____

Death Certificate of Spouse: _____

Social Security Card: _____

Military Service Records: _____

Medicare/Medicaid/
Insurance Card/Records: _____

Living Will (*Instructions for
end-of-life health care or
advanced medical directives*): _____

Power of Attorney
for Health Care: _____

Power of Attorney
for Financial/Legal/
Personal Affairs: _____

Health Insurance Policies: _____

Nursing Home/Long-Term
Care Policies: _____

Disability Policies: _____

Life/Accidental Death
Policies: _____

Pension/Retirement Benefits
(including health, disability
or death benefits and the
organizations distributing
them): _____

Cemetery Plot or
Niche Deed: _____

Funeral Insurance Policy: _____

Will and/or Trust Documents: _____

Tax Records: _____

Bank Checking & Savings
Account Records: _____

Stocks & Bonds Records: _____

Brokerage Account Records: _____

Certificate of
Deposit (CD) Records: _____

Other Investment Records: _____

Credit Card Records: _____

Home Deed & Title:

Other Real Estate Property,
Holdings, & Investments:

Apartment Lease:

Homeowners or Apartment
Insurance Policy:

Insurance Riders on
Personal Property:

Automobile Titles:

Auto Insurance Policies:

Personal Property:

Appraisals of Special
Collections:

Bank Security Box & Key
Location:

Computer Location
& Password:

Email Service Provider(s)
& Password(s):

Other Web Accounts
& Passwords:

Part I:
Instructions for Burial, Funeral, or Memorial Service

Please check all that apply.

☐ No arrangements made

☐ Details in this document only

☐ Family Member

Name: _____

Phone: _____

☐ Funeral Home

Name: _____

Phone: _____

☐ Attorney

Name: _____

Phone: _____

☐ Friend

Name: _____

Phone: _____

If you have a preference for a funeral home or funeral director,
please indicate who should be contacted:

Burial Preferences

☐

Casket *List any preferences if pre-arrangements have not been made (open casket not allowed):*

☐

Cremation

☐

Donation to medical school: *(Indicate institution to receive body)*

☐

Other:

Burial Location

☐

Cemetery

Name:

Location:

Has a plot been purchased?

☐

Yes

☐

No

If yes, list plot location or other details:

☐

Internment of ashes in First Presbyterian Columbarium

Has niche been purchased?

☐

Yes

☐

No

If yes, list niche location or other details (throwing of ashes is allowed if given ample time):

Other Arrangements *(please specify):*

Type of Service Preferred

- ☐ Memorial Service
- ☐ Funeral Service
- ☐ Service of Committal (graveside only)

Location of Memorial or Funeral Services

- ☐ First Presbyterian Church Sanctuary
- ☐ First Presbyterian Church Chapel
- ☐ Other: _____

Request for Specific Scriptures in the Service:

Request for Specific Music in the Service:

(List special instruments or vocal selections.)

Hymn Selections:

Other Service Requests:

List of Pall Bearers:

Do you wish any military or fraternal rites following the service?

☐ Yes ☐ No

If yes, please specify military or fraternal organization
service information: _____

Memorial Gifts: *Check all that apply*

- ☐ Memorial contributions to First Presbyterian Church
- ☐ Memorial contributions to First Presbyterian Church for the following specific need or fund: _____

- ☐ Contributions to the following charities:

Obituary Information:

Please attach additional page to this form.

Part I: Authorization

I understand that the instructions on this form are not legally binding and may be altered at my written request. I also understand that my requests and wishes will be honored within the guidelines established by the Book of Order (Presbyterian Church USA) and any policies in force established by the Session of First Presbyterian Church.

Signature: _____

Date: _____

Part II: Being Prepared for Medical Emergencies

In Case of Medical Emergency

Name of Primary Care Physician: _____

Phone: _____

What hospital should you be carried to?: _____

Contact for an Up-to-Date List of Your Prescription Medications

Name: _____

Phone: _____

Relationship: _____

Healthcare Insurance Provider(s)

Company: _____

Phone: _____

Policy Number: _____

Company: _____

Phone: _____

Policy Number: _____

Medications List:

List all prescriptions, over-the-counter medications, and health supplements or herbal formulas you are taking, indicating dosage and frequency of administering. Please update as necessary; cross out what you no longer use and add anything new.

Medical Allergies/Reactions:

Each time you revise this list, record the date below.

Other Physicians and Their Specialty Areas

List cardiologist, oncologist, surgeon, etc.

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

What clinics or hospitals would have files about your health conditions and previous treatments? (Include urgent care facilities, VA hospitals, specialized treatment centers, etc.)

If you have a living will or other written medical directives, where is it located or who has access to a copy?

Who have you designated as your Health Care Power of Attorney?

If you have made legal arrangements to be an organ donor, where are your instructions located?

List the pharmacy or pharmacies that dispense your prescriptions:

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Thank you for taking the time to provide information that should not only be a comfort to your loved ones at the time of your death or serious illness, but should also enable us to carry out your wishes to create a meaningful experience for your loved ones and your church family.

The Reverend Pendleton Peery
Senior Pastor
ppeery@firstpres-charlotte.org
704.927.0275

The Reverend Robert Galloway
Associate Pastor for Discipleship
rgalloway@firstpres-charlotte.org
704.927.0234

The Reverend Anna Dickson
Executive Pastor and Pastor for
Congregational Care
adickson@firstpres-charlotte.org
704.927.0250

The Reverend Lucy Crain
Associate Pastor for Outreach
and Mission
lcrain@firstpres-charlotte.org
704.927.0279

The Reverend Mary Bowman
Parish Associate
mbowman@firstpres-charlotte.org
704.927.0262

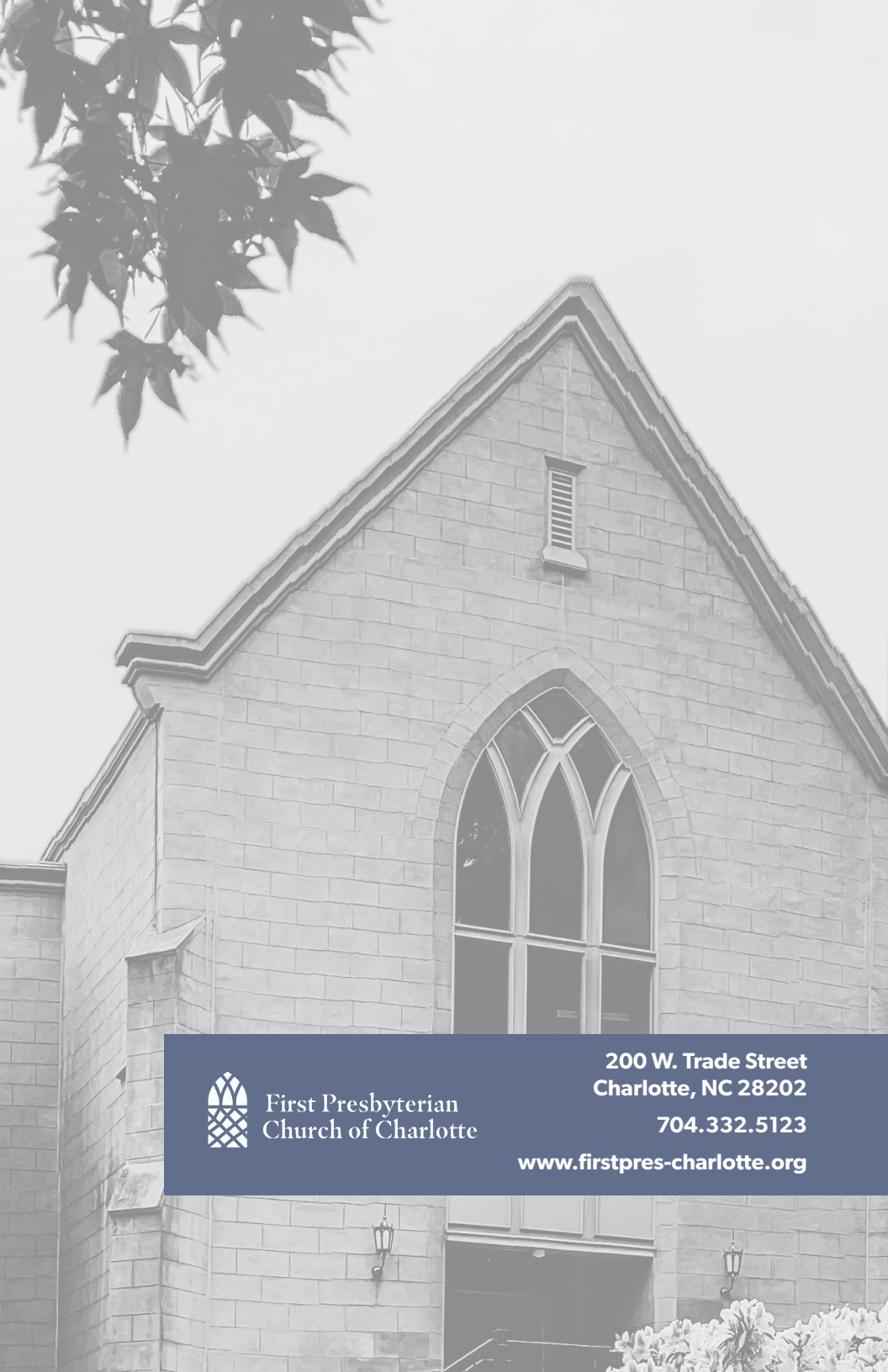
The Reverend Chuck Williamson
Parish Associate
cwilliamson@firstpres-charlotte.org
704.927.0253

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First Presbyterian
Church of Charlotte

200 W. Trade Street
Charlotte, NC 28202

704.332.5123

www.firstpres-charlotte.org