

# **FMW Confidential Emergency Form: How to Assist Me and Others in Case of My Incapacitation or Death**

Please fill out this form to the extent you feel comfortable and send it by email to: [admin@quakersdc.org](mailto:admin@quakersdc.org) or mail to: Friends Meeting of Washington, 2111 Florida Avenue, NW, Washington, DC 20008-1912. It will be maintained in a confidential file for use if necessary by Meeting staff.

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

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Birthdate: \_\_\_\_\_

Citizenship (Optional): \_\_\_\_\_

## **Children, other dependents, pets, and plants to be cared for:**

(Explain especially what would be needed in the first 48 hours of your absence)

## **Immediate Persons to be notified:**

Person(s) with whom I live: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Neighbor/friend: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Next of Kin and Relationship: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Close Relatives: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Personal physician: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Attorney: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Primary Number: \_\_\_\_\_

Office/Extension: \_\_\_\_\_

Personnel/Human Resource Office: (\_\_\_\_) \_\_\_\_\_

**Additional Information?** *Is there anything you wish to add regarding legal arrangements such as **individuals who have power of attorney for your health care and financial decisions**, existence and location of a **living will**, **memorial service preferences**, **organ donation**, etc.?*