

COMO PARK LUTHERAN CHURCH

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Saint Paul, Minnesota 55108-2300
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www.comoparklutheran.org

EMERGENCY INFORMATION AND SUGGESTIONS FOR MY FUNERAL

Please complete and return to the church office.

NAME: _____
(Maiden Name)

DATE OF BIRTH: _____ PLACE OF BIRTH _____
(Month/day/year) (City & State)

SPOUSE: _____

DATE OF MARRIAGE: _____ PLACE: _____
(Month/day/year) (City & State)

PARENTS: _____

CHILDREN: _____ PHONE _____

_____ PHONE _____

_____ PHONE _____

_____ PHONE _____

GRANDCHILDREN: _____

GREAT GRANDCHILDREN: _____

BROTHERS/SISTERS: _____

ORGANIZATIONS (Church, Civic, etc.): _____

OVER PLEASE

CPLC SENIOR SURVEY

1. NAME _____ Phone _____

2. ADDRESS _____ City/Zip _____

House _____ Apartment _____ Retirement Facility _____

Alone _____ With Spouse _____ Other _____

3. DISABILITY: Vision _____ Hearing _____ Mobility _____ Other _____

Able to leave home: Freely _____ With assistance _____ Home bound _____

4. DO YOU HAVE SOMEONE WHO CALLS YOU EACH DAY? _____

5. DO YOU HAVE SOMEONE YOU CAN CALL FOR HELP WITH DAILY NEEDS? _____

6. DO YOU HAVE SOMEONE TO CALL FOR EMERGENCIES? _____

7. WOULD YOU BE INTERESTED IN ANY OF THE FOLLOWING ?

Home visits from one of the pastors _____

Home visits from a member of CPLC _____

Telephone call from CPLC member? _____ Daily _____ Weekly _____

8. DO YOU HAVE CONCERNS YOU WOULD LIKE TO DISCUSS WITH SOMEONE? _____

9. DO YOU NEED TRANSPORTATION? _____

Church services/activities _____ Other _____

10. CONTACT PERSON(S) IN CASE OF EMERGENCY

Name _____ Home Phone _____

Address _____ Work Phone _____

City & Zip _____ Relationship _____

Name _____ Home Phone _____

Address _____ Work Phone _____

City & Zip _____ Relationship _____