

Last Update:

Cleric's Name:

# Emergency Contact Information

## In Case of Medical Emergency and/or Death

Please name the two persons you have authorized to serve as your health care agent. You should select at least one individual who knows you well, and we strongly encourage choosing one fellow cleric. Local individuals are most helpful. (Note: Remember that your Health Care Directive which LEGALLY assigns your health care agent is different than this document, which merely INFORMS the Diocese of Crookston of the names of the individuals you have LEGALLY chosen elsewhere. Clearly, your legal document and this form should agree.)

	Primary Health Care Agent	Secondary Health Care Agent
Full Name	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>	<input type="text"/>
City, State, Zip	<input type="text"/>	<input type="text"/>
Cell/Primary Phone	<input type="text"/>	<input type="text"/>
Secondary Phone	<input type="text"/>	<input type="text"/>

	Current/Primary Physician
Full Name	<input type="text"/>
Hospital/Clinic Name	<input type="text"/>
Hospital/Clinic Address	<input type="text"/>
Hospital/Clinic City, State, Zip	<input type="text"/>
Physician Primary Phone	<input type="text"/>
Physician Secondary Phone	<input type="text"/>

	First Emergency Contact	Second Emergency Contact
Full Name	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>	<input type="text"/>
City, State, Zip	<input type="text"/>	<input type="text"/>
Cell/Primary Phone	<input type="text"/>	<input type="text"/>
Secondary Phone	<input type="text"/>	<input type="text"/>

**Submissions using Adobe Acrobat will save future work. Please consider this option.**

If you wish to send by regular mail, return this form to:

**OFFICE OF THE BISHOP, DIOCESE OF CROOKSTON, 1200 MEMORIAL DRIVE, CROOKSTON MN 56716**

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## **PRIEST'S FUNERAL AND BURIAL INFORMATION**

### **Who will be handling the funeral and burial arrangements at the time of your death?**

Contact Name:  Relationship:

Street Address:

City, State, Zip:

Cell Phone Number:  Other Phone Number:

### **Funeral Home Name and Location:**

Funeral Home:

Street Address:

City, State, Zip:

Phone Number:  Fax Number:

### **Funeral Mass Location:**

Church Name:

Street Address:

City, State, Zip:

### **Presider:**

Presider:  Phone Number:

Street Address:  City, State, Zip:

### **Homilist:**

Homilist:  Phone Number:

Street Address:  City, State, Zip:

### **Scripture Readings:**

Old Testament:  Responsorial Psalm:

New Testament:  Gospel:

### **Music:**

Gathering:  Preparation of Gifts:

Communion:  Final Commendation:

### **Other Comments/Desires:**

### **Burial Vestments:**

### **Location of Burial:**

Cemetery Name:

Street Address:  City, State, Zip:

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## INVENTORY OF PERSONAL EFFECTS FOR PRIESTS

*Statute 627: An inventory of a priest's personal effects will be submitted to the Chancery each year when there has been a change from the last inventory filed.*

**The undersigned certifies that the following articles are his personal property. He further certifies that aside from personal clothing and books, all articles of whatever nature found in the church, rectory and/or outbuildings and not listed below are the property of the parish.**

**Please Return Completed Form to:**

## Office of the Bishop

## Diocese of Crookston

## 1200 Memorial Drive

**Crookston, MN 56716 or email to the Bishop, Vicar General or Chancellor**

**Please Enter Your Email Address Below:**

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Please use the lines provided and if needed, attach additional pages. In this instance, please sign all pages. Thank you.

[illegible]

Name of Priest: \_\_\_\_\_

Signature of Priest: \_\_\_\_\_

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

Cleric's Name:

## Priest's Will and Power of Attorney Information

It is important that each priest have BOTH a Last Will and Testament and a legal document designating someone as their power of attorney. You should retain copies of both of these documents, but in the event you are incapacitated, it is important to know who acts on your behalf. The Diocese will maintain a copy of your will and power of attorney, if you wish. These can be submitted in a sealed envelope. If you prefer to maintain copies elsewhere, we ask that you inform us of whom to contact if these documents become necessary.

### Last Will and Testament

☐ Last Will and Testament is on file in the Chancery

Last Update on file:

**I prefer to keep a copy of my will in another location.**

**My will is maintained at:**

Name:

Business/Firm:

Street Address:

City, State, Zip:

Primary Phone:

Secondary Phone or Fax:

E-mail Address:

### Power of Attorney (POA)

☐ Power of Attorney Document is on file in the Chancery

Last Update on File:

**I prefer to keep a copy of my POA in another location.**

**My Power of Attorney is maintained at:**

Name:

Business/Firm:

Street Address:

City, State, Zip:

Primary Phone:

Secondary Phone or Fax:

E-mail Address:

### Key Points to remember:

**\*We suggest you contact your personal attorney to prepare either your will or your power of attorney.**

**\*This form is informational ONLY. It does not legally assign a power of attorney**

**\*Select personal representatives or powers of attorney who are readily available to assist in time of need.**

**\* Please DO NOT choose the Bishop or Vicar General/Vicar for Clergy as a personal representative or power of attorney.**

**\*Remember to both ask and inform your representative or power of attorney.**

**\*Updated Wills or designations of a power of attorney may be sent in a sealed envelope with your name and date on the outside of the envelope along with the notation that your Will or Power of Attorney is enclosed.**

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Last Update:

Cleric's Name:

Diocese of Crookston  
**Confidential Information for Chancery Use**

**The following people are to be notified at the time of my death:**

Name:

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone: