lact	LЬ	pdate:
LdSL	U	puale:

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		
Relationship		
Street Address		
City, State, Zip		
Cell/Primary Phone		
Secondary Phone		
	Current/Primary Physiciar	۱ <u> </u>
Full Name		
Hospital/Clinic Name		
Hospital/Clinic Address		
Hospital/Clinic City, Stat	te, Zip	
Physician Primary Phone	e	
Physician Secondary Ph	one	
	First Emergency Contact	Second Emergency Contact
Full Name		
Relationship		
Street Address		
City, State, Zip		
Cell/Primary Phone		
Secondary Phone		

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

Last Update: Cleric's Name:

PRIEST'S FUNERAL AND BURIAL INFORMATION

street Address: City, State, Zip: Cell Phone Number: Other Phone Number: Funeral Home Name and Location: Funeral Home: City, State, Zip: Phone Number: Funeral Mass Location: City, State, Zip: Curch Name: City, State, Zip: City, State, Zip: City, State, Zip: Church Mass Location: Church Name: City, State, Zip: Church Name: City, State, Zip: Presider: Phone Number: City, State, Zip: Presider: Presider: </th <th>Who will be handling</th> <th>the funeral and burial arrangements at the time of your death?</th>	Who will be handling	the funeral and burial arrangements at the time of your death?
City, State, Zip: Cell Phone Number: Cell Phone Nu	Contact Name:	Relationship:
Cell Phone Number:Other Phone Number: Funeral Home:	Street Address:	
Funeral Home Name and Location: Funeral Home: Street Address: City, State, Zip: Phone Number: Funeral Mass Location: Church Name: City, State, Zip: Prental Mass Location: Church Name: Church Name: Presider: Presider: Presider: Presider: Presider: Presider: City, State, Zip: Momilist: Homilist: Homilist: Momilist: Otify, State, Zip: City, State, Zip: Street Address: City, State, Zip: Street Address: City, State, Zip: Old Testatement: Responsorial Psalm: Old Testatement: Mosic: Gathering: Preparation of Gifts: Communion: Prepares: Ditable Comments/Desires: Burial Vestments: Cemetary Name:	City, State, Zip:	
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Presider: Phone Number:	Street Address:	
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Location of Burial: Cemetary Name:	Burial Vestments	:
Cemetary Name:		
	Location of Buria	l:
Street Address: City, State, Zip:	Cemetary Name:	
	Street Address:	City, State, Zip:

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INVENTORY OF PERSONAL EFFECTS FOR PRIESTS

Statue 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:

Please use the lines provided and if needed, attach additional pages. In this instance, please sign all pages. Thank you.
riease use the lines provided and it heeded, attach additional pages. In this instance, please sigh all pages. Malik you.
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 perfer to maintain copies elsewhere, we ask that you inform us of whom to contact if these documents become necessary.

Last Will and Testament

Power of Attorney (POA)

\Box Last Will and Testament is on file in the Chancery	Power of Attorney Document is on file in the Chancery	
Last Update on file:	Last Update on File:	
I prefer to keep a copy of my will in another location.	I prefer to keep a copy of my POA in another location.	
My will is maintained at:	My Power of Attorney is maintained at:	
Name:	Name:	
Business/Firm:	Business/Firm:	
Street Address:	Street Address:	
City, State, Zip:	City, State, Zip:	
Primary Phone:	Primary Phone:	
Secondary Phone or Fax:	Secondary Phone or Fax:	
E-mail Address:	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 Biship 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:	
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Diocese of Crookston Confidential Information for Chancery Use

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

Name:	
Address:	
Phone:	
Newser	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	