

THE LCS POST LIFE/EMERGENCY REGISTRY



PERSONAL INFO

My name is: _____

Address _____ **City** _____

Phone # _____ **Cell #** _____

email _____ **LCS #** _____

Other Address _____

My date of birth is (MM/DD/YYYY): _____

My Fathers Full name is: _____

My Mothers Full (including maiden) name is: _____

My nationality is: _____ **My Place of birth is:** _____

My immigration status is (visa type): _____

My partner to be contacted is (when applicable): _____

Phone # _____ **email** _____

My spouse/primary contact is: _____

Phone # _____ **email** _____

A friend/next-of-kin to be contacted is: _____

Phone # _____ **email** _____

Organizations to contact are: _____

HEALTH

My emergency health contact is: _____
(has knowledge of where your important documents are)

Phone # _____ **email** _____

***My Health Care Directive is held by:** _____

Phone # _____ **email** _____

My physician is: _____

Phone # _____ **Address** _____

My specialist is: _____

Phone # _____ **email** _____

My pre-existing condition(s) of importance is/are: _____

My health insurance is: _____

Phone # _____ **email** _____

LEGAL:

My attorney is: _____

Phone # _____ email _____

My Notaria Publica is: _____

Phone # _____ email _____

My executor is: _____

Address _____

Phone # _____ email _____

*My last will and testament is held by: _____

Phone # _____ email _____

*My power of attorney is: _____

Phone # _____ email _____

My funeral is arranged with: _____

Phone # _____ email _____

*My remains are to be: buried / cremated Location _____

*My organs are to be donated: yes / no

I desire a memorial service: yes / no Location _____

HOUSEHOLD:

My emergency household contact is: _____

(has knowledge of where keys, important documents, etc. are kept):

Phone # _____ email _____

My gardener is: _____

Phone # _____ email _____

My housekeeper is: _____

Phone # _____ email _____

My pets will be taken care of by: _____

Phone # _____ email _____

INFORMATION DISCLOSURE:

The Lake Chapala Society, A.C. keeps this data confidential except in the case of an emergency.

Signature: _____ Date: _____

Office use Only			
Date filed with LCS _____	Date entered into computer _____	Deceased <input type="checkbox"/>	Moved <input type="checkbox"/>
Volunteer _____	Volunteer _____	Deceased/Moved _____	
		Date _____	August, 2012

*Requires a special document created by a Notaria Publica.