

# UPDATE

## 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 nationality is:** \_\_\_\_\_ **My Place of birth is:** \_\_\_\_\_

**My immigration status is (visa type):** \_\_\_\_\_

**My Fathers Full name is:** \_\_\_\_\_

**My Mothers Full (including maiden) name is:** \_\_\_\_\_

**My partner/spouse to be contacted is (when applicable):** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **email** \_\_\_\_\_

A friend/Kin to be contacted is: \_\_\_\_\_

**Phone #** \_\_\_\_\_ **email** \_\_\_\_\_

Other 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 *Notario Publico* 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: \_\_\_\_\_ UpDated: \_\_\_\_\_

<b>Office use Only</b>		
Date filed with LCS _____	Updated in computer _____	Deceased <input type="checkbox"/> Moved <input type="checkbox"/>
Volunteer _____	Volunteer _____	Deceased/Moved _____ Date
		December 2015

