Name (familiar to Grail)		DOB
Legal Name (if different from above)		
Residential Address		
Mailing Address (if diff)		
Ph	Cell	Email

1) What is your current living situation? ***(Please check all that apply)***

☐ Apartment
☐ House
☐ With Family
☐ Sr. Facility-Assisted Living
☐ Sr. Facility-Longterm Care
☐ Sr. Facility-Independent Living
☐ Other _____

2) Who do you count on as your support person(s)/group? (formal or informal, near or far, Grail, friends,neighbors, family)

Name	Relationship
Phone	Cell
Email	

(These may or may not be the same as the people in formal POA or other roles below or on next page.)

3) Who is your **primary contact person** for The Grail?

- Preferably local: Grail, friend, family…
- Make sure this person knows to contact **The Grail National Office: 513-683-2340 /office@grail-us.org**

Name	Relationship
Address	
Phone	Cell
Email	

4) Who is your **primary FAMILY** contact person for The Grail? (if different from primary contact above)

- Make sure this person knows to contact **The Grail National Office: 513-683-2340 /office@grail-us.org**

Name	Relationship
Address	
Phone	Cell
Email	

FORMAL INFO and ROLES --- Power of Attorney, Health Care Proxy, Executor

5) Have you completed a**:**

Living Will? ☐ **Yes** ☐ **No**

Health Care Proxy for Medical Decisions? ☐ **Yes** ☐ **No**

Durable Power of Attorney (Financial)? ☐ **Yes** ☐ **No**

6) Who is your **PRIMARY Health Care Proxy** for Medical Decisions?

Name	Relationship
Address	
Phone	Cell
Email	

7) Who is your **SECONDARY Health Care Proxy** for Medical Decisions?

Name	Relationship
Address	
Phone	Cell
Email	

8) Who is your **PRIMARY Power of Attorney** for legal and financial matters?

Name	Relationship
Address	
Phone	Cell
Email	

9) Who is your **SECONDARY Power of Attorney** for legal & financial matters?

Name	Relationship
Address	
Phone	Cell
Email	

10) Do you have a Will and/or Trust? ☐ Yes ☐ No

Executor /Trustee	Relationship
Address	
Phone	Cell
Email	

Who knows where your original will is located? (e.g.,executor, lawyer, friend, family member)

Name	Relationship
Address	
Phone	Cell
Email	

FUNERAL, BURIAL and END OF LIFE PLAN

11) Have you made funeral plans? ☐ Yes ☐ No

☐ Traditional Burial ☐ Cremation

☐ Donate Body to Science ☐ Other_____

If Yes, who knows about them?

Name	Relationship
Address	
Phone	Cell
Email	

If needed, have you selected a funeral home? ☐ Yes ☐ No

Name
Address & Phone

Have you pre-arranged your funeral with this facility? (*This may include service/ritual details and at least basic obituary info.)* ☐ Yes ☐ No **Prepaid?** ☐ Yes ☐ No

Have you pre-arranged for cemetery (or alternative)? ☐ Yes ☐ No **Prepaid?** ☐ Yes ☐ No

Do you wish burial in cemetery at Grailville? ☐ Yes ☐ No

If yes, Interest in Burial at Grailville, form & payment to Terry Marshall? ☐ Yes ☐ No

12) Have you planned your funeral/burial service/ritual? ☐ Yes ☐ No

Who is informed about your plans and wishes and can help carry them out?

Name	Relationship
Phone	Email

13) Have you written or provided information for your obituary to the Grail National Office? *To be placed in your Member file.* ☐ **Yes** ☐ **No**

It is always helpful to have bio information about members on file (e.g. resume, photos, articles, award notices, etc.). If there is something about your Grail experience, personal accomplishments, commitments, achievements, etc that you would like to share with Grail members in an obituary, ***please send to:***

Grail National Office

931 O'Bannonville Rd.

Loveland, OH 45140

Phone: 513-683-2340 (extension 1) **Email: office@grail-us.org**