

# MYRTLE BAPTIST CAREGIVERS

*Prepared by the committee, with resource information from Rev. Howard M. Haywood, Pastor Emeritus*

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## ***How to Prepare for Dying***

Have the conversation...  
It's ok to do...

The MBC Caregivers are providing you with a guide to aide you through the preparation needed to organize your personal data and record your wishes.

After completing the information, please print and put this information in a desired location. For example, bank safe, your safe, freezer etc.

Embrace that life eventually includes dying. Knowing we put our affairs in order might give us the time to live each day more freely without the worry for others to gather all the necessary information for your closure and your new beginning in glory.

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## ***Individual Data***

Full Name

Birth Date

Social Security Number

Place of Birth

Father's Legal Name

Mother's Maiden Name

Citizenship

Spouse or Partner's Name

Children's Names:

1<sup>st</sup> Born

2<sup>nd</sup> Born

3<sup>rd</sup> Born

4<sup>th</sup> Born

5<sup>th</sup> Born

6<sup>th</sup> Born

Additional Children

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## ***Residential Data***

Street

City

State

Zip Code

Mailing Address  
(if different from above)

Pets

Names:

Pet 1:	Type:	Wishes:
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Pet 2:	Type:	Wishes:
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## ***Education, Military & Employment***

Place of employment:

Phone:
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Military Service:

Position:
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Dates

From:	To:
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Military Service #

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Military Discharge Papers

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Religious Affiliation

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High School

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College

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Degrees

Organizational Membership/s

Favorite things



*Financial Data*

Loans

1<sup>st</sup> Mortgage:

2<sup>nd</sup> Mortgage:

Other:

Auto loans

1<sup>st</sup> Auto:

2<sup>nd</sup> Auto:

Recreational Vehicle

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Student Loans

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Contact #s for Stock Brokers or Investment Firms

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Titles and Deeds

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Insurance Policies

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## *Healthcare Information*

### Primary care physician (PCP)

Name:

Address:

Phone:

### Health Care Proxy

Name/s:

Relationship/s:

Address:

Phone:

DNR Order: YES | NO

### Power of Attorney

Name/s:

Relationship/s:

Address:

Phone:

### After Dying Options

Research:

Organ Donor:

Burial:

Cremation:

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## *Final Arrangements*

### Funeral Director to care for my body

Name:

Address:

Phone:

### Burial Options (check all that apply)

- Viewing
- Visitation
- Memorial Service
- Funeral Service
- Graveside Service

### Burial Location

### Purchased Plot

YES | NO

Where:

Street:

Location:

### Inscription should read



## Service Ideas

Location:

Facilitator:

Speakers:

Scriptures:

Music:

Pallbearers:

Decorations:

I would love to wear:

Donations to:

Flowers:

List in following newspapers:

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You have done a lot of work and giving in your life and at the close, we lift you up according to your wishes. Let this packet be a gift to your progeny.