



RESIDENT INFORMATION

Name _____ Today's Date _____
Date of Birth _____ Apartment / Cottage Number _____
Phone Number _____ Email _____
Vehicle Make _____ Model _____ Color _____ License Plate _____

Emergency Contact Information

In case of emergency, notify: (In order of preference)

Name _____	Relationship _____
Address _____	Phone Number _____
_____	Alternate Number _____
Name _____	Relationship _____
Address _____	Phone Number _____
_____	Alternate Number _____
Name _____	Relationship _____
Address _____	Phone Number _____
_____	Alternate Number _____

Business Information

Attorney _____	Phone Number _____
Address _____	
Power of Attorney _____	Phone Number _____
Address _____	
Health Care Power of Attorney _____	Phone Number _____
Address _____	
Living Will YES NO	Allergies _____
Physician _____	Phone Number _____
Dentist _____	Phone Number _____

In Event of Death

Funeral Home _____	Phone Number _____
Prearrangements Made? YES NO	Organ Donor? YES NO
Executor of Estate _____	Phone Number _____
Carolina Village Memorial Service? YES NO	Performed By _____
Religious Affiliation (optional) _____	
Special Instructions _____	