



RESIDENT PERSONAL INFORMATION

Name _____ Today's Date _____
Date of Birth _____ Apartment / Cottage Number _____
Spouse/Partner _____ Wedding Anniversary (if applicable) _____
May we share your birthday/anniversary dates with the community? ___ YES ___ NO
Phone Number _____ Email _____
Vehicle Make _____ Model _____ Color _____ License Plate _____

Please provide copies of your Social Security and Medicare cards with this sheet.

Emergency Contact Information

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

Name 1 _____ Relationship _____
Address _____ Phone Number _____
_____ Alternate Number _____
Name 2 _____ Relationship _____
Address _____ Phone Number _____
_____ Alternate Number _____
Name 3 _____ 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 _____

SEE REVERSE!



Resident Name _____

Financial Contact Person

We ask that you have a contact person on file who can serve as a point of contact for financial questions, specifically. We will contact this person only if your account requires attention, such as if there is a distinct change in payment pattern, if it becomes delinquent for more than 90 days, if an individual health event occurs that requires outside assistance, etc. This person should be a trusted individual who can assist you with your finances, should the need arise. This person may be your durable/financial Power of Attorney, but is not required to be.

Name _____ Relationship _____

Address _____ Phone Number _____

_____ Alternate Number _____

Special Instructions _____

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 _____

Return this completed form to Cheryl Justus or Nora Stepp in Marketing.

Keep us informed of any personal information updates by contacting ILS at 828-233-0625.