## SISTERS FOR CHRISTIAN COMMUNITY

## VITAL INFORMATION SHEET

	I oday s	Date	<del></del>			
NAME:	DATE OF BIRTH:					
	No information changes within the past year  If there are no changes please send uncompleted form anyway  so we know your records are up to date					
ADDRESS:						
	street number		City			
	State/Province	Country	Postal Code	•		
PHONE: Ho	me:	Cell:				
EMAIL ADD	DRESS:			_		
SFCC REGIO	ON:					
PRESENT M	MINISTRY/WORK:					
SFCCs with	whom I network or stay	in contact:				
EMERGENC	·y			_		
Whom to be	e notified in case of eme	rgency, accident, or death	:			
NAME:		RELATIO	DN:			
PHONE: Ho	me:					
Email Addre	ess:					
If above pe	rson cannot be reached,	try this alternate:				
NAME:		RELATIO	N:			
PHONE: Ho	me:	Work:				
Email Addre	ess:					

My WILL is lo	cated:			
My EXECUTOR:			RELATION:	
ADDRESS:				
PHONE: Home:			Work:	
Email Address	s:			
My family/Fri		C know whom to cont	act in SFCC in case of my illness, accident or death:	
My funeral/M	emorial ser	vice is located:		
My funeral/bu	ırial plans d	and wishes are known	ı by:	
If YES, the documents.	en Health ( Copies shou	Care agents should b	ealth care:yesno e confirmed and should have copies of official CC Archives for safekeeping s for health care:	
NAME:			RELATION:	
PHONE: Home:			Work:	
Email Address	3:			
Please attach	/enclose an	y other information	you want kept in your SFCC member file in the archives	
Signed:				
Date:				
		ailable in the website	chivist for your geographic area. Refer to the e or use hard copy) for each address or email Ghana, Kenya, Nigeria, Tanzania, Uganda, Zambia	
ASIA	Rosa C	Campo	Australia, India, New Zealand, Philippines	
EUROPE	Carme	n Notario	Continent, England, Ireland, Scotland	
NORTH AM	IERICA	Karol Jackowski	Canada, Central America, Mexico, USA	