## SISTERS FOR CHRISTIAN COMMUNITY

VITAL INFORMATION SHEET

Today's D	)ate			
NAME:	AE: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:	City			
State/Province	Country	Postal Code		
PHONE: Home:	Cell:			
EMAIL ADDRESS:				
SFCC REGION:				
PRESENT MINISTRY/WORK:				
SFCCs with whom I network or stay in	n contact:			
EMERGENCY				
Whom to be notified in case of emerg	ency, accident, or death:			
NAME:	RELATIO	N:		
PHONE: Home:				
Email Address:				
If above person cannot be reached, tr	ry this alternate:			
NAME:	RELATION	RELATION:		
PHONE: Home:	Work:			
Email Address:				

My WILL is located:

My EXECUTOR:		RELATION:	
ADDRESS:			
PHONE: Home:		Work:	
Email Address: _			
My family/Frien yes		o contact in SFCC in case of my illness, accident or death:	
My funeral/Men	norial service is located	:	
My funeral/buri	al plans and wishes are	known by:	
If YES, then	Health Care agents sho	for health care:yesno buld be confirmed and should have copies of official he SFCC Archives for safekeeping	
Person who kno	ws and understands my	y plans for health care:	
NAME:		RELATION:	
PHONE: Home:		Work:	
Email Address:			
Please attach/e	nclose any other inform	ation you want kept in your SFCC member file in the archive:	
Signed:			
Date:			
		FCC archivist for your geographic area. Refer to the ebsite or use hard copy) for each address or email Ghana, Kenya, Nigeria, Tanzania, Uganda, Zambia	
ASIA	Bing Bulala	Australia, India, New Zealand, Philippines	
EUROPE	Carmen Notario	Continent, England, Ireland, Scotland	
N AMERICA	Karol Jackowski	Canada, Central America, Mexico, USA	