

<p>My full name is _____ In case of emergency, call _____ _____ name: _____ phone _____</p> <p>My doctor is: _____ I have an advanced care plan:</p> <p><input type="checkbox"/> With a representation Agreement (<input type="checkbox"/> Sec 7 <input type="checkbox"/> Sec 9) <input type="checkbox"/> With an advanced Directive</p> <p>I am an organ donor <input type="checkbox"/></p> <p>My important papers are located _____</p>	<p>My full name is _____ In case of emergency, call _____ _____ name: _____ phone _____</p> <p>My doctor is: _____ I have an advanced care plan:</p> <p><input type="checkbox"/> With a representation Agreement (<input type="checkbox"/> Sec 7 <input type="checkbox"/> Sec 9) <input type="checkbox"/> With an advanced Directive</p> <p>I am an organ donor <input type="checkbox"/></p> <p>My important papers are located _____</p>
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I am Catholic

In the event of an accident
or serious illness - Please call a priest
Family# in case of emergency _____



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