



ARCHDIOCESE OF LOS ANGELES OFFICE OF VICAR FOR CLERGY

MEDICAL AND FINANCE UPDATE FORM

PERSONNEL INFORMATION

Name:

Diocese name:

Date of Birth:

Date of Retirement:

Date of Ordination:

Address of Parish/Home:

City:

State:

ZIP:

Email:

Registered on ACES Yes: ☐ No: ☐

Will on file in Vicar for Clergy Office: Yes: ☐ No: ☐

Medicare Part A: Yes: ☐ No: ☐

Medicare Part B: Yes: ☐ No: ☐

EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Address:

City:

State:

Zip:

Phone:

FINANCIAL POWER OF ATTORNEY/CO-SIGNER

Same as Above: Yes ☐ No ☐

Power of Attorney/ Co-Signer: Yes ☐ No ☐

Named Agent:

Address:

City:

State:

ZIP:

Phone:

ADVANCE DIRECTIVE FOR HEALTH CARE

Same as Above: Yes		No	
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Named Agent:

Address:

City:

State:

ZIP:

Phone:

NEXT OF KIN

Name:

Relationship:

City:

State:

Zip:

Phone:

PRIMARY PHYSICIAN

Name:

Phone:

Name:

Phone:

DATES OF VISITATION AND NOTES

Date of Visit:[illegible]