



United Methodist Volunteers in Mission
 Southeastern Jurisdiction
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 Birmingham, AL 35203

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Emergency Contacts

Give original copy to Team Leader. UMVIM does NOT need a copy of this form

Name _____ Passport Number _____

In the event of my death, should my death occur outside the United States, a family member, or a bishop of the United Methodist Church, or a representative of the US State Department or US Embassy, is to be instructed by the following:

Immediately contact the following:

1. Name: _____ Phone: _____ Relationship: _____

Address: _____

2. Name: _____ Phone: _____ Relationship: _____

Address: _____

3. Name: _____ Phone: _____ Relationship: _____

Address: _____

My wishes are as follows:

My body is to be cremated if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the US Embassy of the nation where the death occurred.

My remains are to then be shipped to: _____
 _____ (funeral home and address)

If cremation is not required by the host nation, ship my body to:
 _____ (funeral home and address)

All my valuables, money, and personal possessions are to be kept in the control of the representative of the US Embassy, and shipped to: _____ (name and address)

In the event of my death, all of the above instructions are to be followed in consultation with the above-named family members if that family member's physical condition and location make such consultation possible. Further, all valuables, money, and person possessions are to be placed in the possession and control of the above-named family member(s).

Signature: _____ Date: _____
 (If under 18, must be signed by parent or guardian).

Notarization of Medical Release Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____ County/Parish _____

State of _____ Mv Commission Expires _____