



IDENTIFICATION OF NEXT OF KIN

NAME OF CONGREGANT _____

ADDRESS _____

TELEPHONE _____ **E-MAIL** _____

I grant permission for First-St. Andrew's United Church to identify the following next of kin for pastoral care purposes or in the event of an emergency or death. This information will be treated confidentially by FSA staff and the Pastoral Care team

NAME _____

ADDRESS _____

TELEPHONE _____ **E-MAIL** _____

NAME _____

ADDRESS _____

TELEPHONE _____ **E-MAIL** _____

NAME _____

ADDRESS _____

TELEPHONE _____ **E-MAIL** _____

SIGNATURE _____ **DATE** _____

TELEPHONE CONSENT OBTAINED _____ **DATE** _____