



CATHOLIC DIOCESE OF SCRANTON

PRIEST EMERGENCY FORM

Please Note – If you are simply updating this form, it is only necessary to enter your name and any change/changes.

Priest Name [input box]

Contact Person 1 [input box]

Address C1 [input box]

City, State, Zip C [input box]

Home Phone C1 [input box]

Work/Cell Phone C1 [input box]

Relationship C1 [input box]

Contact Person 2 [input box]

Address C2 [input box]

City, State, Zip C2 [input box]

Home Phone C2 [input box]

Work/Cell Phone C2 [input box]

Relationship C2 [input box]

Important Legal Documents

Health Care Power of Attorney Yes [checkbox] No [checkbox]

Date of Document [input box]

On file at Diocese Yes [checkbox] No [checkbox]

Name of Agent [input box]

Address of Agent [input box]

Telephone # of Agent [input box]

Financial Power of Attorney Yes [checkbox] No [checkbox]

Date of Document [input box]

On file at Diocese Yes [checkbox] No [checkbox]

Name of Agent. [input box]

Address of Agent [input box]

Telephone # of Agent [input box]

Last Will and Testament Yes [checkbox] No [checkbox]

Date of Document [input box]

On file at Diocese Yes [checkbox] No [checkbox]

Name of Executor [input box]

Address of Executor [input box]

Telephone # of Exec. [input box]



**CATHOLIC DIOCESE OF
SCRANTON**

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Funeral Arrangements

Funeral Director	<input type="text"/>	Director Phone	<input type="text"/>
Funeral Dir. City	<input type="text"/>	Address of Dir.	<input type="text"/>
Church of Burial	<input type="text"/>	Church City	<input type="text"/>
Cemetery Name	<input type="text"/>	Cemetery City	<input type="text"/>

Vesper Service

Funeral

Presider:	<input type="text"/>	Homilist:	<input type="text"/>
1st Choice	<input type="text"/>	1st Choice	<input type="text"/>
2nd Choice	<input type="text"/>	2ndChoice	<input type="text"/>
3rd Choice	<input type="text"/>	3rd Choice	<input type="text"/>

Vested Concelebrants

Special Instructions

Last Updated:

Mail Completed Form To:

Episcopal Vicar for Clergy
300 Wyoming Avenue
Scranton, PA 18503

or

Via Facsimile Transmission to: 570-591-5028