Lake Chapala End-of-Life Support Community

Emergency Information Form 1 - Personal Identification

Your Full Name _____

Mexico Street Address _____

City, State, Postal Code _____

Email Addess _____

Health Insurance (also see Medical Information Page)

Insurance Company _____ Account Number _____

Phone Numbers

Home Phone (Mexico) Country +52 _____

Home Phone (Other) Country ____ _____

Cell Phone (Mexico) Country +52 _____

Cell Phone (Other) Country ____ _____

Mailing Address in Mexico

Mail Service Name _____

Name(s) on Account _____

Street Address + Box No. _____

City, State, Postal Code _____

Mailing Address in Home Country

Mail Service Name _____

Name(s) on Account _____

Street Address + Box No. _____

City, State, Zip, Country _____

Mexico Immigration Status

◯ Mexican Citizen ◯ Permanent Resident ◯ Temporary Resident ◯ Tourist

Immigration Document Number _____

CURP _____

RFC (tax number) _____

INAPAM Credential _____

Home Country Information

Passport Country _____ Passport Number _____

Expiration Date _____

Social Security Number or
Social Insurance Number _____

Who to call in case of Emergency

Name _____ Number(s) _____

Name _____ Number(s) _____

Lake Chapala End-of-Life Care Community

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Use this list to gather documents that can be added to your "What to Do" book

Emergency/Post Life Planning Information

- ☐ I am registered with Lake Chapala Society
- ☐ I have a Mexican Advanced Care Directive (Authorization to Make Medical Decisions)
- ☐ I have a Cremation Authorization or Burial Plan
- ☐ I have a Mexican Will

Funeral Wishes

Funeral Home Name _____ Phone _____

Funeral Director/Contact _____ Phone _____

- ☐ I want my body Cremated
- ☐ I want my body Buried
- ☐ I want my body returned to my home country

Religious Affiliation _____

Religious Leader/Counselor _____ Phone _____

Burial Rites/Rituals _____

The following people have copies of my Advanced Care Directive

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

The following people have copies of my Will

Name _____ Phone _____

Name _____ Phone _____

The Executors named in my Will are

Name _____ Phone _____

Email _____

Name _____ Phone _____

Email _____

Location of Will and/or Advanced Care Directive

_____