

Date _____

Dear Family:

Because any of us could become disabled or die at any time, it is important to have information that is needed when there is an unexpected medical emergency or death. Some of the items below are required to complete the Death Certificate and other items are helpful in an emergency.

My full legal name _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

E-Mail _____

Date of birth _____

Place of birth (City, County, State) _____

Religious affiliation _____

Christening or baptism date & place _____

Citizenship _____

Naturalization papers _____

SS # _____ DL # & state _____

Passport # _____

Computer passwords _____

Education (highest grade completed) _____

Where education was completed & year _____

Employer (current or last) _____

Retirement Date _____

Pension _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

Past employer

Retirement Date _____
Pension _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Past employer

Retirement Date _____
Pension _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Past employer

Retirement Date _____
Pension _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Military service

Military discharge date & papers location _____

Other service (location & year) _____

Spouse

Date of birth _____ Place of birth _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Cell Phone _____
E-Mail _____

Marriage date _____ Place of marriage (City, County, State) _____

Former spouse(s), marriage date, death date (d) or divorce date (div) _____

Location of paperwork regarding marriage dissolution or estate of former spouse _____

Father's name _____
Date of birth _____ Father's place of birth _____
Parent's wedding date & place _____
Date of death _____ Father's place of death _____
Father's burial place _____

Mother's full (maiden) name _____
Date of birth _____ Mother's place of birth _____
Date of death _____ Mother's place of death _____
Mother's burial place _____

Health insurance company _____
Policy # _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Medicare Claim # _____
Primary Doctor _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Life insurance company _____

Policy # _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

Other insurance _____

Disability: I have / have not executed a Durable Power of Attorney for Healthcare. I have named _____, to be my Healthcare decision-maker

Phone _____ Cell Phone _____

E-Mail _____

I have selected _____ as the alternate.

Phone _____ Cell Phone _____

E-Mail _____

A copy of this document can be found at _____

Advance Directive: I have / have not executed an Advance Directive (Living Will). A copy of this document is located _____

Power of Attorney: I have / have not executed a General and Durable Power of Attorney naming _____

to act on my behalf regarding my personal and financial affairs.

Phone _____ Cell Phone _____

E-Mail _____

A copy of this document can be found: _____

Other Power of Attorney-related information _____

Attorney's name _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

I have / have not executed a Will dated _____
The original of this Will is located _____
A copy is at _____
The person named as Executor in the Will is _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Cell phone _____
E-Mail _____

Funeral and burial arrangements

In the event of death, have my body picked up by _____
Phone _____ to make these arrangements.

Instructions regarding my wishes for **mortuary** arrangements have been provided to _____

My wishes are for cremation, burial, entombment.
My remains should be: placed in a Veterans' cemetery, buried or entombed at _____

or other _____

Cemetery plot # & location of documents _____

I have a gravestone or other marker: yes, no _____
I am entitled to a military marker: yes, no _____

Memorial service

I have written a description of what I would like: yes, no
Location of the document _____
I would like my funeral service conducted here _____

I would like to have this person lead the service _____

I would like the following people to speak (name, address, & phone numbers)

I have **pre-paid for the following services** _____

The documents regarding this pre-payment are located _____

I am/ am not an **organ donor** and would like appropriate arrangements made at my death.

Suggestions for hymns, music, rituals at my funeral or **memorial service** are:

I suggest that **memorial gifts** be made to the following _____

I would like the following people to serve as **pall bearers** (name, address, & phone numbers):

I would like the **service** to include the following hymns/music/songs, favorite flowers, poems, or other readings:

Financial Institution(s)

Name _____

Account # _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

POD or Joint Owner _____

Phone _____ Cell phone _____

E-Mail _____

Financial Institution 2

Name _____

Account # _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

POD or Joint Owner _____

Phone _____ Cell phone _____

E-Mail _____

Financial Institution 3

Name _____

Account # _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

POD or Joint Owner _____

Phone _____ Cell phone _____

E-Mail _____

Financial Institution 4

Name _____

Account # _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

Assets

	Account #	Location	Balance
Savings Account			
Savings Account			
Savings Account			
Savings Account			
Checking Account			
Checking Account			
Money Market Account			
Money Market Account			
Savings Bonds			
Savings Bonds			
Retirement Accounts (IRAs, 401ks, etc)			
Brokerage Accounts			

	Make/Model/Type	Location	Value
Home			
Vehicles			
Money Owed			

Money Owed (mortgage, home equity loan or line of credit, vehicle loans, credit cards, student loans, personal loans, outstanding bills, etc)

Type of Loan	Account #	Location	Balance

Other financial assets, personal property, or real property:

Accountant name _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____
Location of tax returns & records _____

Investment records are located _____

Real estate owned description _____
Address _____
Contact person _____
Phone _____ Cell phone _____
E-Mail _____
Location of records _____

Life insurance company name _____
Agent name _____
Beneficiaries _____
Face amount _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Life insurance company name _____
Agent name _____
Beneficiaries _____

Face amount _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Life insurance company name _____
Agent name _____
Beneficiaries _____
Face amount _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Auto insurance company _____
Agent name _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Disability insurance company _____
Contact name _____
Benefits _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Long term care insurance company _____
Contact name _____
Benefits _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Family members or friends

Name & relationship _____
Phone _____ Cell phone _____
E-Mail _____

Name & relationship _____
Phone _____ Cell phone _____
E-Mail _____

Name & relationship _____
Phone _____ Cell phone _____
E-Mail _____

Name & relationship _____
Phone _____ Cell phone _____
E-Mail _____

Name & relationship _____
Phone _____ Cell phone _____
E-Mail _____

Name & relationship _____
Phone _____ Cell phone _____
E-Mail _____

Name & relationship _____
Phone _____ Cell phone _____
E-Mail _____

Name & relationship _____
Phone _____ Cell phone _____
E-Mail _____

Location of my address book _____

My doctors

Name _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Name _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Name _____
Mailing address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail _____

Clubs, organizations, associations I belong to

Other information

