

Personal Information Guide

Organizing and maintaining family and financial records can be a challenge. However daunting it may seem, having this information readily accessible could be vital, especially in an emergency involving a loved one.

This Personal Information Guide is designed to help you gather all of your personal and financial information into one document. Using this guide can help:

- · locate information in the future
- · reduce confusion and stress in the event of a family emergency
- · decrease the likelihood of unclaimed assets for your heirs

This guide is designed for informational use and is not legally binding. We recommend that you maintain all copies in a secure location and update your personal information regularly.



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I. Personal Information

Full Legal Name Address Home Phone Cell Phone E-mail Address Social Security No. Birth Date Passport No. Phone Health Insurance Plan ID No. Blood Type Allergies Medications and Dosage Current Employer Fimployer Address Fimployer Address Phone Fimployer Address Phone Phone			
Home Phone Cell Phone E-mail Address Social Security No. Birth Date Driver's License No. Passport No. Phone Health Insurance Plan ID No. Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address	Full Legal Name		Maiden/Former Name
Home Phone Cell Phone E-mail Address Social Security No. Birth Date Driver's License No. Passport No. Phone Health Insurance Plan ID No. Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address			
Social Security No. Birth Date Primary Care Physician Phone Health Insurance Plan ID No. Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address	Address		_
Social Security No. Birth Date Primary Care Physician Phone Health Insurance Plan ID No. Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address			
Driver's License No. Passport No. Phone Health Insurance Plan ID No. Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Employer Address	Home Phone	Cell Phone	E-mail Address
Driver's License No. Passport No. Phone Health Insurance Plan ID No. Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Employer Address			
Primary Care Physician Health Insurance Plan ID No. Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address	Social Security No.		Birth Date
Primary Care Physician Health Insurance Plan ID No. Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address			
Health Insurance Plan Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address	Driver's License No.		Passport No.
Health Insurance Plan Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address			
Health Insurance Plan Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address			
Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address	Primary Care Physician		Phone
Blood Type Allergies Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address			
Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address	Health Insurance Plan		ID No.
Medications and Dosage Dentist Phone Current Employer Work Phone Employer Address			
Dentist Phone Current Employer Work Phone Employer Address	Blood Type		Allergies
Dentist Phone Current Employer Work Phone Employer Address			
Dentist Phone Current Employer Work Phone Employer Address			
Dentist Phone Current Employer Work Phone Employer Address	Medications and Dosage		
Current Employer Work Phone Employer Address	Medications and Dosage		
Current Employer Work Phone Employer Address	Dentist		Phone
Employer Address	Delitist		THOR
Employer Address			
	Current Employer		Work Phone
HR Contact Phone	Employer Address		
HR Contact Phone			
	HR Contact		Phone
Supervisor Phone	Supervisor		Phone

II. Spouse/Domestic Partner Information

Full Legal Name		Maiden/Former Name
Address		
Address		
Home Phone	Cell Phone	E-mail Address
Social Security No.		Birth Date
,		
Driver's License No.		Passport No.
Primary Care Physician		Phone
Health Insurance Plan		ID No.
Blood Type		Allergies
Medications and Dosage		
Dentist		Phone
Courset Francisco		Work Phone
Current Employer		work Phone
Employer Address		
HR Contact		Phone
Supervisor		Phone

III. Children Information

Full Legal Name		Child's Phone	
Social Security No.	Birth Date	Driver's License No.	Passport No.
Social Security No.	bii tii Date	Driver's License No.	rassport No.
School Name		School Phone	
Teacher	Grade	Allergies	
Blood Type	Medications and Dosage		
Full Legal Name		Child's Phone	
-			
C. C. C. C. C. C. N.	D'all Date	Distriction No.	
Social Security No.	Birth Date	Driver's License No.	Passport No.
School Name		School Phone	
Teacher	Grade	Allergies	
Blood Type	Medications and Dosage		
Full Legal Name		Child's Phone	
3			
Control Constitution No.	Divide Data	Driver's License No.	Decorate No.
Social Security No.	Birth Date	Driver's License No.	Passport No.
School Name		School Phone	
Teacher	Grade	Allergies	
Blood Type	Medications and Dosage		
Full Legal Name		Child's Phone	
Social Security No.	Birth Date	Driver's License No.	Passport No.
Social Security NO.	on til Date	Driver's License NO.	ι ασοροίτινο.
School Name		School Phone	
Teacher	Grade	Allergies	
Blood Type	Medications and Dosage		

Pediatrician	Phone
Address	
Dentist	Phone
Address	
Specialist	Phone
Address	
Address	
Day Care Provider	Phone
Address	
IV. Pet Information	
Pet Name	
Special Considerations	
Special consucrations	
Pet Name	
Special Considerations	
Pet Name	
Special Considerations	
Veterinarian	Phone
Oth or in a cutout information of autooff or a con-	ala Haluana ay mada
Other important information about self, spouse, o	cinicien or pets
	_
	_

V. Employee Benefits Note: Remember to include former employers from whom you may still be eligible to receive benefits. Name Employer **Employer Phone** Benefit Type Name Employer **Employer Phone** Benefit Type Name Employer **Employer Phone** Benefit Type **VI. Military Records** Record For (Name) Type of Record Record For (Name) Type of Record **VII. Safe Deposit Box** Registered in the name of Name of Institution Location of Keys VIII. Personal Safe Location Combination IX. Rental Post office box, storage unit, etc. Renter Phone Contact Name Locations of Records Other important employment, military service, safe deposit boxes or rental information

X. Insurance

Life & Health

Insurance Company Name	Phone
Address	
Life Insurance Policy No.	Disability Policy No.
Long-Term Care Policy No.	Other
zong term care to the fitter	
Insurance Company Name	Phone
Address	
Life Insurance Policy No.	Disability Policy No.
Long-Term Care Policy No.	Other
Insurance Company Name	Phone
Address	
Life Insurance Policy No.	Disability Policy No.
Long-Term Care Policy No.	Other
Insurance Company Name	Phone
Address	
Life Insurance Policy No.	Disability Policy No.
Long-Term Care Policy No.	Other
Insurance Company Name	Phone
	_
Address	
Life Insurance Policy No.	Disability Policy No.
Long-Term Care Policy No.	Other

Property & Casualty	
Insurance Company Name	Agent
Address	Phone
Homeowner Policy No.	Auto Policy No.
Tollicowich folicy No.	Auto Folicy No.
Umbrella Policy No.	Other
official Folicy No.	Ottlet
Insurance Company Name	Agent
Address	Phone
Homeowner Policy No.	Auto Policy No.
,	ŕ
Umbrella Policy No.	Other
Insurance Company Name	Agent
Address	Phone
Homeowner Policy No.	Auto Policy No.
Umbrella Policy No.	Other
· ·	
Other important insurance information	
·	

XI. Financial/Investment Information

Financial Professional Name	Phone
Firm Name	Address
Account 1	Account 2
Account 1	Account 2
Account 3	Account 4
Financial Professional Name	Phone
Firm Name	Address
Account 1	Account 2
Account 3	Account 4
Other Professionals	
Attorney Name	Phone
Firm Name	Address
Tax Professional Name	Phone
Firm Name	Address
NW 5 116 41	
XII. Bank Information	
Bank Name	Bank Name
Address	Address
Phone	Phone
Challes Assess Ma	Charles Assessable
Checking Account No.	Checking Account No.
Savings Account No.	Savings Account No.
Certificate of Deposit No.	Certificate of Deposit No.

Bank Name	Bank Name
Address	Address
Phone	Phone
Thore	. none
Checking Account No.	Checking Account No.
Savings Account No.	Savings Account No.
Certificate of Deposit No.	Certificate of Deposit No.
Dependent Accounts	
Name of Dependent	Type (Savings, 529s, etc.)
Name of Dependent	Type (Savings, 529s, etc.)
Name of Dependent	Type (Savings, 5295, etc.)
Name of Dependent	Type (Savings, 529s, etc.)
Name of Dependent	Type (Savings, 529s, etc.)
Name of Depondent	Tuna (Springs E20s ats)
Name of Dependent	Type (Savings, 529s, etc.)
Name of Dependent	Type (Savings, 529s, etc.)
Name of Dependent	Type (Savings, 529s, etc.)
No. of Constant	T (5. 1 530. 11.)
Name of Dependent	Type (Savings, 529s, etc.)
Other important financial or bank information	

XIII. Loans and Credit

Auto Loan Holder	Phone
Address	_
Account No.	Interest Rate
Auto Loan Holder	Phone
Address	
Account No.	Interest Rate
Miscellaneous Loan	Phone
Address	
Account No.	Interest Rate
Credit Card	Name as It Appears on Card
Billing Address	Phone
Account No.	Interest Rate
	1
Credit Card	Name as It Appears on Card
Billing Address	Phone
Account No.	Interest Rate
Account to.	mercy nate
Credit Card	Name as It Appears on Card
Billing Address	Phone
Account No.	Interest Rate
riccount NO.	microst nate

Credit Card	Name as It Appears on Card
Billing Address	Phone
Account No.	Interest Rate
Credit Card	Name as It Appears on Card
Billing Address	Phone
billing Address	ritolie
Account No.	Interest Rate
, account to	
XIV. Online Accounts	
Account Name	Login
Account Name	Login
Account Name	Login
Other important loans and credit information	
other important loans and create information	

XV. Real Estate

Primary Residence

Address	Phone	
Mortgage	Account No.	Interest Rate
Second Mortgage	Account No.	Interest Rate
Home Equity Loan	Account No.	Interest Rate
Tionic Equity Louis	recount no.	merestrate
Dod	Location of Records	
Deed	Location of Records	
Secondary Residence		
Address	Phone	
Mortgage	Account No.	Interest Rate
Mongage	Account No.	mereschate
Constitution .	A	
Second Mortgage	Account No.	Interest Rate
Home Equity Loan	Account No.	Interest Rate
Deed	Location of Records	
Rental		
Address	Phone	
Address	riione	
Mortgage	Account No.	Interest Rate
Second Mortgage	Account No.	Interest Rate
Home Equity Loan	Account No.	Interest Rate
Deed	Location of Records	

Land/Farm		
Address	Phone	
Mortgage	Account No.	Interest Rate
Deed	Location of Records	
Time Share		
Address		
Phone	Location of Records	

XVI. Emergency Information In case of emergency: Dial 9-1-1

Emergency Contact List			
Name	Relationship	Home Phone	Cell Phone
Nume	neiduonismp	Home Phone	CCITTIONC
Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone
Non-Emergency Numbers			
J .			
Local Police			
Local Fire Department			
Local Hospital			
Household Emergency			
Dii		- No. 1	
Plumber		Phone	
Electrician		Phone	
- Control of the Cont		. nene	
Heating Provider		Phone	
Telephone Company		Phone	
Electric Company		Phone	
Cable Company		Phone	
Taxon Hall		Dhana.	
Town Hall		Phone	
AAA/Towing		Phone	
v ioming		Hone	

Other Phone

Nearest Neighbors	
Name	Phone
Name	Phone
Name	Phone
Other important emergency information	

XVII. Will, Trust, Estate and Power of Attorney

Last Will and Testament For	Dated
Executor or Personal Representative	Attorney
Location of Living Will and Testament	
Last Will and Testament For	Dated
Executor or Personal Representative	Attorney
Location of Living Will and Testament	
Revocable (Living) Trust For	Dated
nevocable (Living) Haser of	Succ
Current Trustee	Successor Trustees
Current Hustec	Successor Husices
Location of Trust	
Eccation of must	
Revocable (Living) Trust For	Dated
Current Trustee	Successor Trustees
Location of Trust	
Durable Power of Attorney (Financial) For	Dated
Agent or Proxy	Attorney
Location of Durable Power of Attorney (Financial)	
Durchle Device of Assertant (Financial) Face	Detail
Durable Power of Attorney (Financial) For	Dated
Agost or Drove	Attamay
Agent or Proxy	Attorney
Location of Durable Dougs of Attacks of Plants of D	
Location of Durable Power of Attorney (Financial)	

Durable Power of Attorney (Medical) For	Dated
Agent or Proxy	Attorney
Location of Durable Power of Attorney (Medical)	
Durable Power of Attorney (Medical) For	Dated
Agent or Proxy	Attorney
Location of Durable Power of Attorney (Medical)	
Living Will (Medical) For	Dated
Location	Attorney
Living Will (Medical) For	Dated
Location	Attorney
Irrevocable Life Insurance Trust For	Dated
Trustee	Attorney
Location of Irrevocable Life Insurance Trust	
Irrevocable Life Insurance Trust For	Dated
Trustee	Attorney
Location of Irrevocable Life Insurance Trust	

XVIII. Funeral Arrangements Disposal of my remains

I have made prior arrangements for:			
anatomical gift donation		bequest (or gift) of my body to medical school	
Legal documents detailing these wishes are located at:			
I do or do not wish to be:			
cremated directly cremated			
Standard cremation usually involves view immediate cremation, no viewing and m	wing in a rented casket followed by a tradit hay be followed by a traditional service.	tional service. Direct cremation refers to	
I do or do not wish to be em	balmed.		
I am a member of the following organiza	ation (military veterans, Masons, etc.) and c	desire an organizational service.	
I desire that services be held at:			
funeral home	church	graveside	other
I request that memorial contributions be made to:			
I have or have not made fun	eral prearrangements with the funeral hor	ne.	
I have or have not made any prepayment of funeral expenses. I have made prepayment as follows:			
I own burial property.			
yes		no	
I have purchased a funeral/burial plan.			
yes		no	
If yes, the following is the location of the deed, title or plan			
Name of cemetery, mausoleum or garden			
Section	Tier	Lot	Spaces
Title of property or plan in the name of:			
