

WHAT MY FAMILY NEEDS TO KNOW

MY BASIC INFORMATION

Your Full Legal Name: _____

Any Aliases: _____ Date of Birth: _____

Place of Birth: _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____

Phone(s): _____

Marital Status: _____ I am a citizen of: _____

MY EMERGENCY CONTACTS *(Please list out two)*

Emergency Contact 1:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

Email: _____

Note/Comment: _____

Emergency Contact 2:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

Email: _____

Note/Comment: _____

Emergency Contact 3:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

Email: _____

Note/Comment: _____

MY EMAIL AND SOCIAL MEDIA ACCOUNTS

Email Address: _____ Password: _____

Facebook Username: _____ Password: _____

Twitter Username: _____ Password: _____

Instagram Username: _____ Password: _____

Pinterest Username: _____ Password: _____

LinkedIn Username: _____ Password: _____

MY EDUCATIONAL BACKGROUND

Name of High School:

Year of Graduation:

Name of Undergraduate School:

Degree:

Year of Graduation:

Name of Graduate School:

Degree:

Year of Graduation:

Notes /
Comments:

MY EMPLOYMENT N/A

Current Employer:

Employer Address:

City:

State:

Zip:

Employer Phone Number:

Employer Email:

Employer Website:

Name of Supervisor:

MY FAMILY MEMBERS N/A

Family Member 1:

First Name:

Last Name:

Gender:

Relationship:

Address:

City:

State:

Zip:

Telephone:

Email:

Family Member 2:

First Name:

Last Name:

Gender:

Relationship:

Address:

City:

State:

Zip:

Telephone:

Email:

Family Member 3:

First Name:

Last Name:

Gender:

Relationship:

Address:

City:

State:

Zip:

Telephone:

Email:

Family Member 4:

First Name:

Last Name:

Gender:

Relationship:

Address:

City:

State:

Zip:

Telephone:

Email:

Family Member 5:

First Name: _____ Last Name: _____

Gender: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Family Member 6:

First Name: _____ Last Name: _____

Gender: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

MY HEALTH INSURANCE

Health Insurer 1:

Medicare Medicaid Supplement Private Health Insurance

Other: _____

Name: *(as it appears on insurance card)* _____

Account #: _____

Network / PPO: _____

Note/Comment: _____

Health Insurer 2:

Medicare Medicaid Supplement Private Health Insurance

Other: _____

Name: *(as it appears on insurance card)* _____

Account #: _____

Network / PPO: _____

Note/Comment: _____

Health Insurer 3:

Medicare Medicaid Supplement Private Health Insurance

Other: _____

Name: *(as it appears on insurance card)* _____

Account #: _____

Network / PPO: _____

Note/Comment: _____

MY MEDICAL PROVIDERS

Medical Provider 1:

Name of Provider: _____ Name of Practice: _____

Treatment: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____ Website: _____

Note / Comment: _____

Medical Provider 2:

Name of Provider: _____ Name of Practice: _____

Treatment: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____ Website: _____

Note / Comment: _____

Medical Provider 3:

Name of Provider: _____ Name of Practice: _____

Treatment: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____ Website: _____

Note / Comment: _____

MY ESTATE PLANNING DOCUMENTS / MY ADVANCE DIRECTIVES (LAST WILL & TESTAMENT, LIVING TRUST, ETC.)

Last Will & Testament **N/A**

Primary Executor: _____

Additional Executor: _____

Location of Original Document: _____

Location of Copies of Document: Same as above

Name of Attorney Who Prepared: _____

Name of Law Firm: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____ Website: _____

Note / Comment: _____

Power of Attorney **N/A**

Location of Original Document: _____

Location of Copies of Document: Same as above

Name of Attorney Who Prepared: _____

Name of Law Firm: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____ Website: _____

Note / Comment: _____

Additional Power of Attorney **N/A**

Location of Original Document:

Location of Copies of Document: Same as above

Name of Attorney Who Prepared:

Name of Law Firm:

Address: City: State: Zip:

Telephone: Facsimile: Mobile:

Email: Website:

Note / Comment:

Living Will / Designation of Healthcare Surrogate **N/A**

Primary Surrogate:

Additional Surrogate:

Additional Surrogate:

Location of Original Document:

Location of Copies of Document: Same as above

Name of Attorney Who Prepared:

Name of Law Firm:

Address: City: State: Zip:

Telephone: Facsimile: Mobile:

Email: Website:

Note / Comment:

Trust Documents **N/A**

Primary Trustee:

Additional Trustee:

Additional Trustee:

Location of Original Document:

Location of Copies of Document: Same as above

Name of Attorney Who Prepared:

Name of Law Firm:

Address: City: State: Zip:

Telephone: Facsimile: Mobile:

Email: Website:

Note / Comment:

MY INSURANCE

Automobile 1: *N/A*

Name of Insurer:

Name of Agent:

Address of Agent:

City:

State:

Zip:

Agent Phone #:

Agent Email Address:

Policy Number:

Liability Limits:

UIM Limits:

UM Limits:

Automobile 2: *N/A*

Name of Insurer:

Name of Agent:

Address of Agent:

City:

State:

Zip:

Agent Phone #:

Agent Email Address:

Policy Number:

Liability Limits:

UIM Limits:

UM Limits:

Automobile 3: *N/A*

Name of Insurer:

Name of Agent:

Address of Agent:

City:

State:

Zip:

Agent Phone #:

Agent Email Address:

Policy Number:

Liability Limits:

UIM Limits:

UM Limits:

Homeowners / Renters Insurance 1: *N/A*

Name of Insurer:

Name of Agent:

Address of Agent:

City:

State:

Zip:

Agent Phone #:

Agent Email Address:

Policy Number:

Liability Limits:

UIM Limits:

UM Limits:

Policy Number:

Homeowners / Renters Insurance 2: *N/A*

Name of Insurer:

Name of Agent:

Address of Agent:

City:

State:

Zip:

Agent Phone #:

Agent Email Address:

Policy Number:

Liability Limits:

UIM Limits:

UM Limits:

Policy Number:

Homeowners / Renters Insurance 3: **N/A**

Name of Insurer:

Name of Agent:

Address of Agent:

City:

State:

Zip:

Agent Phone #:

Agent Email Address:

Policy Number:

Liability Limits:

UIM Limits:

UM Limits:

Life Insurance 1: (Whole, Term, Universal) **N/A**

Name of Insurer:

Name of Agent:

Address of Agent:

City:

State:

Zip:

Agent Phone #:

Agent Email Address:

Policy Number:

Liability Limits:

UIM Limits:

UM Limits:

Policy Number:

Life Insurance 2: (Whole, Term, Universal) **N/A**

Name of Insurer:

Name of Agent:

Address of Agent:

City:

State:

Zip:

Agent Phone #:

Agent Email Address:

Policy Number:

Liability Limits:

UIM Limits:

UM Limits:

Policy Number:

Life Insurance 3: (Whole, Term, Universal) **N/A**

Name of Insurer:

Name of Agent:

Address of Agent:

City:

State:

Zip:

Agent Phone #:

Agent Email Address:

Policy Number:

Liability Limits:

UIM Limits:

UM Limits:

Policy Number:

MY BANKING INSTITUTIONS

Bank Institution 1:

Bank Name:

Account Number:

Website Login Username:

Website Login Password:

Secret Password Hints:

Bank Institution 2:

Bank Name:

Account Number:

Website Login Username:

Website Login Password:

Secret Password Hints:

Bank Institution 3:

Bank Name:

Account Number:

Website Login Username:

Website Login Password:

Secret Password Hints:

MY FINANCIAL ADVISOR(S) N/A

Financial Advisor 1:

First Name:

Last Name:

Business Name:

Business Title:

Email Address:

Phone Number:

Financial Advisor 2:

First Name:

Last Name:

Business Name:

Business Title:

Email Address:

Phone Number:

Financial Advisor 3:

First Name:

Last Name:

Business Name:

Business Title:

Email Address:

Phone Number:

MY RETIREMENT AND INVESTMENT ACCOUNTS

Bank Name:

Account Number:

Website Login Username:

Website Login Password:

Secret Password Hints:

LOCATION OF IMPORTANT PAPERS

MEMORIAL INSTRUCTIONS

BIOGRAPHY

ADDITIONAL NOTES