

# **Family Record Organizer**



## **Checklist for Household Papers**

Look around your house and gather these papers. Then go to [HOW TO SET UP A WORKING PAPERS CENTER](#) for ideas on organizing these papers.

### **BANKING**

bank statements

check book & register

anceled checks or duplicate checks (like a carbon copy when you write a check)

deposit slips

withdrawal slips

ATM slips

loan statement & payment books

### **BILLS**

bill statements (paid and unpaid)

### **RECEIPTS**

PAYCHECK STUBS (or records of any kind of income)

### **PAPERS THAT YOU MIGHT NEED FOR TAX REPORTING**

charitable contributions

medical/dental expenses

business expenses

## How to Set Up a Working Papers Center

I'm going to share some ideas about organizing your "working papers" (those papers that help you function on a day to day business). What I'm going to suggest is a bit "old school," but if you can understand the different kinds of paper actions, then you can personalize it to your specific taste. I will be talking about files and checkbooks, but you could file on your computer and do online banking. (I will share a few "new school" ideas along the way, but it's more important that you understand the different kinds of paper actions.)

Money comes in and money goes out. It's a simple equation, but you have to keep track of it and decide what to do with all the bits of paper.

### EQUIPMENT YOU WILL NEED:

desk or other work area

"IN" box (a drop off place for all mail and paperwork)

garbage can (and/or bin for recycling paper)

sticky notes

file or organizer (for working papers and short term storage)

checkbook & register

envelopes & stamps

storage boxes (for those papers that you have to keep long term, like tax records)

Gather all the mail from around the house. You're especially looking for the items and papers on this list – CHECKLIST OF HOUSEHOLD PAPERS (anything on the CHECKLIST OF IMPORTANT PAPERS needs to be organized and FILED). Put all the day-to-day household papers in your IN box. From now on anything to do with household paperwork gets directed there. When the mail comes in, discard the junk mail (trash or recycle bin) and drop the rest in your IN box until you have your home office work day.

Now grab your IN box and your sticky notes. Pick up the first paper and ask yourself what it is. Give it a general label. Write that on the sticky note, attach it to your paper and set the paper on your work area. Pick up the next paper and do the same, working through and sorting the pile in your IN box. I've suggested some common labels, but feel free to create other categories or use different labels than I have suggested here. The point is that you are sorting paper so that you have in one place what you need to do a particular job.

### Suggested Categories:

**BANKING** – bank statement, ATM slips, deposit & withdrawal slips, canceled checks, paycheck stubs

**BILLS TO PAY** – anything that's asking for payment, check to make sure it's legitimate before paying

**RECEIPTS** – good to have on hand for awhile in case you need to return something or prove purchase

**PROJECT or ACTIVITY** – like school stuff for your kids or insurance papers for your current dental work

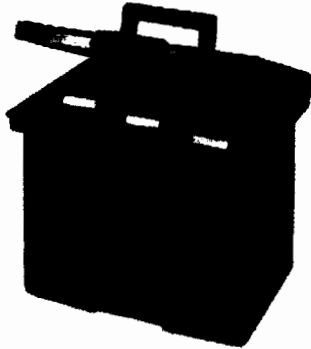
**PERSONAL CORRESPONDENCE**

**COUPONS**

**READING MATERIAL** – magazines, newsletters, etc.

**TAX PAPERWORK** – for papers that have to do with tax records. Hold onto these until you file your taxes and then store supporting paperwork with a copy of your tax return in a storage box (most folks recommend keeping 7 years worth of tax info).

Some of the paper piles can be moved to another area of your house. You could put your reading material in a basket by the sofa. The coupons can be tucked in an organizer in your purse. Much of the rest needs to be put in an organizer of some kind in your office area. I would recommend trays or files. Take your sorted papers and put them in your organizer by the categories that you have created.



Portable File Storage Box

*(Practical thought: Use what you have around the house to set up your system (cardboard boxes work just fine), then when you have a system you like, buy the pretty baskets and fancy files.)*

OK, you've gathered all your paper bits and have sorted them by category putting them in some kind of labeled organizer. Let's look at the main actions you will need to take.

## BANKING

When you purchase something there is usually a piece of paper involved. You might have a copy of a check or a receipt from a credit or debit card purchase. You may also have an ATM or withdrawal slip. Create a spot in your purse to collect these "money out" papers so that you have a record of your purchases. If the money comes directly out of your checking account (check or debit card purchase), you may want to enter the amount in your check register (that little booklet that comes with your checks) and try to keep your records as up to date as possible. Move your receipts and bits of paper to your IN box every few days. Sort into folders on office days.

You may also have "money in" paperwork, like paycheck stubs or deposit slips from the bank. Same policy. Gather them and get them into your IN box, then sort. Enter deposit information into your register.

Once a month, the bank will send you a bank statement, a record of "money in" and "money out" in your account (some of you may do online banking and have access to bank statements there). Gather your "banking" and "receipts" files and your checkbook register and compare to the bank statement.

## PAYING BILLS

If you've been collecting mail in your IN box and sorting into your categories, the bills should be together in your "bills to pay" tray or file. It's helpful to mark due dates on your calendar (as the bills come in) and then set a time (or two) during the month to address the bills (be sure to figure in the time it takes to mail a payment so that your payments are on time, same for any banking bill pay system). Also check any credit card statements against your purchase slips.

I would encourage you to keep all your paper bits for a few months to make sure that everyone is happy. If there's a bank error, you have the papers handy. If you need to return something, you have the receipt. You could create a "hold" file or you could just go through files periodically and shred anything that is more than three months old (I shred anything that has account information or could be used to make an account). Anything that needs to be held onto long term should be filed in your IMPORTANT PAPER FILE.

You may also want to skim through all folders once a month to make sure that you're not forgetting something.

As you are organizing and processing your papers, create some REFERENCE PAGES (here is an overview of information that you might need). For example, it's a good idea to have a list of all your bills with account information easily available. You will want to keep any passwords handy, but not in the same place as your account information (perhaps a small book tucked in an out of the way place in your bedroom, or other kid safe area). I would NOT recommend storing passwords at your desk unless you are talking about storing them on your computer (RoboForm is a good program for storing passwords safely).

If your husband already has a working paper center. Ask him to explain how he has organized the papers and create a sheet of paper that explains it in terms that you understand. Tuck it in your HOUSEHOLD BINDER or some place where you will be able to find it easily.

### WHAT I DO:

I have an "IN" box for all papers coming into my home office. I sort papers every couple of days into working files (manila folders). On "office days" I will work through the folders. I scan all papers in NeatReceipts and then file or shred the originals, a back up copy is stored on my computer and in Dropbox online. I use online banking and keep a "register" on my computer. I use Quickbooks because I do bookkeeping for a few ministries. (Quicken would work just fine for most households.) I balance my accounts monthly and check the numbers online at least once a week just to make sure that there aren't any surprises. My husband uses our bank's Bill Pay service for all the bills (except one that only accepts checks, we live in a very small town).

## Reference Pages / Household Binder

There's just a whole lot of information that each household needs. It's nice to have it all in one place. That makes it easier to find when you need it. I would encourage you to grab a binder, some dividers, and paper and create a Household Binder (I use Microsoft OneNote 2010 ([aff link](#)) on my computer). This is the resource that will be the most helpful should you find yourself in need of your total household information.

I've listed some ideas for sections or reference pages that you might want to create, but you will need to personalize the information. A good way of doing this is to go through your day and keep an eye on what information you have need of. Do you need the number for your local library? Look it up once and add it to your binder (why not create your own Yellow Pages?). Need the name of your physician for an insurance form? Look it up once and add your physician's information to your binder. Pretty soon, it becomes the reference book for all your household information needs. No more scrounging through drawers looking for a business card or going through your desk drawer for a bill with the number to the electric company.

*The overall idea is to gather important information now when it's easy to find, you have the time and you have your spouse's help. Don't wait.*

#### Speaking of PASSWORDS

- \_\_ passwords to each computer in your house
- \_\_ password to anything financial online (banking, credit cards, etc.) As you fill out the information below, ask yourself what, if any, information is online and gather appropriate information and passwords.

#### EMERGENCY CONTACT INFORMATION (you may want to create a sheet just for your babysitter, house sitter, etc.)

- \_\_ 911
- \_\_ poison control center
- \_\_ pastor / minister
- \_\_ family contacts
- \_\_ lawyer
- \_\_ insurance agent
- \_\_ Who would you need? Make sure that all contact info is at your finger tips.

#### PERSONAL INFORMATION (about each member of your family)

- \_\_ date of birth
- \_\_ description (weight, height, etc. – it's a good idea to keep current photos on hand)
- \_\_ allergies, medications used or health issues
- \_\_ cell phone number
- \_\_ Social Security number
- \_\_ driver's license number
- \_\_ passport number

#### PETS

- \_\_ names & identifying information (breed, age, distinctive markings, etc.)
- \_\_ veterinarian, groomer, sitter contact info

## HOUSEHOLD INFORMATION

- \_\_ street address
- \_\_ house phone number
- \_\_ alarm service, contact information (put code in password book)
- \_\_ utilities, account numbers and contact info (for service and billing)
- \_\_ list businesses that you have used like plumber, chimney sweep, electrician (tape in business cards)
- \_\_ basic information on loan, insurance, contact numbers

## MEDICAL/DENTAL

- \_\_ name, address and contact info for physician, account numbers
- \_\_ name, address and contact info for dentist, account numbers
- \_\_ medical/dental insurance information

## BANKING INFORMATION

- \_\_ basic information for every account that you have (checking, savings, investing, etc.)
- \_\_ name of banker you usually work with
- \_\_ location and number of safety deposit box

## MONEY OWED or INVESTED

- \_\_ list each credit card with contact information in case the card is stolen
- \_\_ loan information and contact
- \_\_ investment information and contact

## PROPERTY

- \_\_ list properties owned, loan information, insurance contacts, etc.

## VEHICLES

- \_\_ list make, model, VIN number, license plate, and anything that will help you identify your car
- \_\_ insurance company and contact info, policy number
- \_\_ contact info for mechanic or company you use for car care

Start your reference binder now. Even if you only have a bit of information. Just continue to add to it as you come across new information or think of something else you might need. Even if the binder is a bit messy or disorganized, you will at least have everything in one place.

If your husband has already created some kind of reference binder, ask him where he keeps it so that you would have access if you needed it.

## Four Must-Have Insurance Policies

Just because some aspect of money isn't talked about much, doesn't mean it's not important.

It's obvious that a budget or a debt snowball need to be checked frequently to make sure that you're sticking to them. If stuff like that gets away from you, it can turn bad quickly. Make sure to refresh yourself on these four insurances:

### *Life Insurance*

If you die with no life insurance, your family will most likely be stuck in a dire situation and have to make drastic changes, all the while grieving you. **You should have eight to 10 times your yearly income set aside in a term life policy.** That way, if you pass on, your family can invest the money and, at a 10% return, replace your income.

### *Long-Term Disability Insurance*

If you die, your life insurance will take care of your family. But if you are permanently disabled, you will be unable to produce an income and yet still need to be cared for. In that case, you need long-term disability insurance that will provide about 70% of your income for an extended time period, usually until death or age 65.

You can usually get it the cheapest through your workplace. And you need to. **About 49 Americans become disabled every minute** and three in 10 in the workforce today will become disabled before they retire. With the average monthly benefit from Social Security disability being \$1,004 a month, you can't afford to *not* have this type of insurance.

### *Long-Term Care Insurance*

**This isn't necessary until you hit age 60.** After that it becomes vital. A nursing home can cost about \$50,000 a year per person. If you and your spouse go into an assisted living facility with \$300,000 in life savings, you'll have it used up so fast you won't believe it.

If you are approaching 60, start looking at long-term care insurance. Don't buy it before then (it's not necessary enough at that point) or after (it can get too expensive).

### *Homeowner's/Renter's Insurance*

You should never own or rent property without having yourself covered in the case of a fire, flood, burglary or some other disaster. Renter's insurance is relatively cheap to get, so make sure to have some.

When buying homeowner's insurance, get one that has **guaranteed replacement costs**. If something happens to your home and you have a policy without guaranteed replacement costs, you will only be covered for the value of your home at the time you took out the policy. That's bad news if your house has increased in value. Make sure to have your full emergency fund in place so you can take the lower premium and higher deductible on it.



# Personal Information and Records Inventory



Legal Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
Other Names (Maiden): \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

## PERSONAL AND FAMILY INFORMATION

Location of Citizenship Papers: \_\_\_\_\_ Passport Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Location of Birth Certificate: \_\_\_\_\_  
Date and Place of Marriage: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Location of Divorce Papers: \_\_\_\_\_ State of Jurisdiction: \_\_\_\_\_  
Military Service Dates: \_\_\_\_\_ Serial (service) No. \_\_\_\_\_  
Branch: \_\_\_\_\_ Country Served: \_\_\_\_\_  
Location of Discharge Papers: \_\_\_\_\_ Last Military Rank: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
Other Names (Maiden): \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Location of Birth Certificate: \_\_\_\_\_  
Military Service Dates: \_\_\_\_\_ Serial (Service) No. \_\_\_\_\_  
Branch: \_\_\_\_\_ Country Served: \_\_\_\_\_  
Location of Discharge Papers: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

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## Personal Information and Records Inventory

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Mother's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Children's Names and Addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sibling's Names and Addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LEGAL RESIDENCE

Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
If owned, title held in the Name(s) of: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

Location of Related Documents: \_\_\_\_\_  
Deed: \_\_\_\_\_ Mortgage Copy: \_\_\_\_\_  
Title Insurance Policy: \_\_\_\_\_ Title Abstract: \_\_\_\_\_  
Surveys: \_\_\_\_\_ Closing Statement: \_\_\_\_\_  
Insurance Policies: \_\_\_\_\_ Tax Receipts: \_\_\_\_\_  
Leases: \_\_\_\_\_ Cost Figures: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

### ATTORNEY

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

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## Personal Information and Records Inventory

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### ACCOUNTANT

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Recent Tax Filings: \_\_\_\_\_

### OTHER REAL ESTATE OWNED

Locations: \_\_\_\_\_

Location of Related Documents: \_\_\_\_\_

### TANGIBLE PROPERTY OWNED

Automobiles: \_\_\_\_\_ Registration State: \_\_\_\_\_

Location of Deeds or Titles: \_\_\_\_\_

*Attach an inventory of any valuable tangible property such as jewelry, art, collectibles, furs, antiques, precious metals, cameras, furniture, etc.*

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## Personal Information and Records Inventory

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### BANK ACCOUNTS

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Signature: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Signature: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Signature: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Signature: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Other Signature: \_\_\_\_\_  
Location of Bank Statements: \_\_\_\_\_

### SAFE DEPOSIT BOX

Location: \_\_\_\_\_ Box Number: \_\_\_\_\_  
Other Persons Having Access: \_\_\_\_\_ Location of Keys: \_\_\_\_\_  
Contents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT HISTORY

Name of Last Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Pension or Benefits Office Phone Number: \_\_\_\_\_ Location of Retirement Papers: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Salary at Termination: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Pension or Benefits Office Phone Number: \_\_\_\_\_ Location of Retirement Papers: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Salary at Termination: \_\_\_\_\_

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## Personal Information and Records Inventory

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Name of Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Pension or Benefits Office Phone Number: \_\_\_\_\_ Location of Retirement Papers: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Salary at Termination: \_\_\_\_\_

### INVESTMENTS

Broker Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Broker Address: \_\_\_\_\_ Financial Advisor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Original Deposit Amount: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Original Deposit Amount: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Original Deposit Amount: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name of Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Original Deposit Amount: \_\_\_\_\_

## Personal Information and Records Inventory

Location of Stock Certificates and Bonds: \_\_\_\_\_

Location of Financial Statements, Purchases and Sales: \_\_\_\_\_

### U.S. SAVINGS BONDS

Location of Bonds: \_\_\_\_\_

I am beneficiary at death of: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Beneficiary at my death: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### STOCKS OWNED

Company Name	Shares Purchased	Date of Purchase	Purchase Price

### CREDIT CARDS

Issuing Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issuing Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issuing Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issuing Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issuing Financial Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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## Personal Information and Records Inventory

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### PERSONAL LOANS

Loan in the Name of: \_\_\_\_\_ Loan Type: \_\_\_\_\_  
Loan Account Number: \_\_\_\_\_ Original Amount of Loan: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Term: \_\_\_\_\_ Lender: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Loan in the Name of: \_\_\_\_\_ Loan Type: \_\_\_\_\_  
Loan Account Number: \_\_\_\_\_ Original Amount of Loan: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Term: \_\_\_\_\_ Lender: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Loan in the Name of: \_\_\_\_\_ Loan Type: \_\_\_\_\_  
Loan Account Number: \_\_\_\_\_ Original Amount of Loan: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Term: \_\_\_\_\_ Lender: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Loan in the Name of: \_\_\_\_\_ Loan Type: \_\_\_\_\_  
Loan Account Number: \_\_\_\_\_ Original Amount of Loan: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Term: \_\_\_\_\_ Lender: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

### INSURANCE

#### Life Insurance Policies

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name(s) of Insured: \_\_\_\_\_  
Address: \_\_\_\_\_

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## Personal Information and Records Inventory

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Other Insurance Held: \_\_\_\_\_ Location of Policy: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Loans on Policy:  YES  NO Assigned:  YES  NO

Life Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name(s) of Insured: \_\_\_\_\_  
Beneficiary(ies): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Insurance Held: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Loans on Policy:  YES  NO Assigned:  YES  NO

### NATIONAL SERVICE LIFE INSURANCE (GI)

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Type of Policy: \_\_\_\_\_ Beneficiary(ies): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_ Office Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### HOME INSURANCE

Policy Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_



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## Personal Information and Records Inventory

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### AUTO INSURANCE

Policy Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_ Make and Year of Auto: \_\_\_\_\_

### LONG TERM CARE INSURANCE

Policy Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Location of Policy: \_\_\_\_\_

I am the beneficiary of the following policies: \_\_\_\_\_

### HEALTH, ACCIDENT, CRITICAL CARE, OR DISABILITY INSURANCE

Insurance Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Beneficiary(ies): \_\_\_\_\_  
Location of Policy and Identification Card: \_\_\_\_\_

Insurance Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Beneficiary(ies): \_\_\_\_\_  
Location of Policy and Identification Card: \_\_\_\_\_

Insurance Type: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Beneficiary(ies): \_\_\_\_\_  
Location of Policy and Identification Card: \_\_\_\_\_

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## Personal Information and Records Inventory

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### SOCIAL SECURITY BENEFITS

Program Type: \_\_\_\_\_ Income Amount: \_\_\_\_\_

Social Security Claim Number: \_\_\_\_\_ Monthly Pension Income: \_\_\_\_\_

### MEDICAL INFORMATION

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Uses tobacco?  YES  NO

Religious Beliefs: \_\_\_\_\_ Drinks alcohol?  YES  NO

Primary Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Additional Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Specialty: \_\_\_\_\_

Additional Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Specialty: \_\_\_\_\_

Additional Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Specialty: \_\_\_\_\_

Additional Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Specialty: \_\_\_\_\_

Additional Physician Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Specialty: \_\_\_\_\_

Current Diagnoses: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies and Drug Sensitivities: \_\_\_\_\_

Prior Surgeries and Hospitalizations: \_\_\_\_\_

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## Personal Information and Records Inventory

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### LEGAL AND ESTATE INFORMATION

#### Will

Location of Will: \_\_\_\_\_ Execution Date: \_\_\_\_\_

Location of 2nd and 3rd copies: \_\_\_\_\_

Location of Codicil: \_\_\_\_\_ Execution Date: \_\_\_\_\_

Name of Executor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Estate Trustee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Children's Guardians: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Will was Drawn by: \_\_\_\_\_

#### Living Will

Location of Will: \_\_\_\_\_ Execution Date: \_\_\_\_\_

Name of Individual with a Copy: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Individual with a Copy: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Have Made Arrangements to Donate These Organs: \_\_\_\_\_

#### Trust Funds

Location of Trust Agreement: \_\_\_\_\_ Trust Name: \_\_\_\_\_

Date Established: \_\_\_\_\_ Trustee Name: \_\_\_\_\_

Trustee Address: \_\_\_\_\_ Trustee Phone: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Beneficiary Phone: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Attorney Phone: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

Location of Trust Agreement: \_\_\_\_\_ Trust Name: \_\_\_\_\_

Date Established: \_\_\_\_\_ Trustee Name: \_\_\_\_\_

Trustee Address: \_\_\_\_\_ Trustee Phone: \_\_\_\_\_

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## Personal Information and Records Inventory

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Beneficiary Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

### Power of Attorney for Finances

POA Name: \_\_\_\_\_ Phone: \_\_\_\_\_

POA Address: \_\_\_\_\_

### Power of Attorney for Health Care

POA Name: \_\_\_\_\_ Phone: \_\_\_\_\_

POA Address: \_\_\_\_\_

### BURIAL INSTRUCTIONS

Name of Cemetery: \_\_\_\_\_ Address: \_\_\_\_\_

Cemetery Plot Number: \_\_\_\_\_ Location of Deed: \_\_\_\_\_

Location of Funeral and Burial Instructions: \_\_\_\_\_

Funeral Director's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organizations to Notify in the Event of my Death: \_\_\_\_\_

Church or Synagogue: \_\_\_\_\_ Clergy Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Information: \_\_\_\_\_

### Items to attach to this document:

- Recent Photograph of Individual
- Copy of Medicare Card
- Copy of Health Insurance Identification Card
- Copy of Social Security Card
- Valuable Tangible Property Inventory
- Copy of Living Will

**Record Locator**  
**Important Personal Information and Documents:**  
**What and Where**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**Where to Find My Personal Documents:**

Birth Certificate: \_\_\_\_\_

Marriage Certificate: \_\_\_\_\_

Divorce Papers: \_\_\_\_\_

Citizenship Papers/Passport: \_\_\_\_\_

Social Security Card and Number: \_\_\_\_\_

Driver's License, State, and Number: \_\_\_\_\_

Military Records (including branch of service, Military ID number,  
Dates of Service): \_\_\_\_\_

**Powers of Attorney for Financial and Health**

Care: \_\_\_\_\_

Automobile Title/Registration: \_\_\_\_\_

Property Deeds/Title: \_\_\_\_\_

Bank Statements: \_\_\_\_\_

Income Tax Records: \_\_\_\_\_

Will: \_\_\_\_\_

Living Will and/or Physicians' Orders for Life-Sustaining Treatment  
(POLST): \_\_\_\_\_

**Medical Information:**

Primary Care Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Healthcare Agent (person with power of attorney for healthcare):

Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Alternate Agent: \_\_\_\_\_ Tele: \_\_\_\_\_

Other Physicians/Specialists:

Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Tele: \_\_\_\_\_

Dentist: \_\_\_\_\_ Tel.: \_\_\_\_\_

Hospital: \_\_\_\_\_ Tel. \_\_\_\_\_

Medications (include dosage and prescription ordering number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information:**

**Health Insurance (Private):**

Company: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Health Insurance (Medicare):**

Card Number: \_\_\_\_\_

**Medigap Supplemental Insurance or Medicare Managed Care Plan:**

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address for Claims: \_\_\_\_\_

**Life Insurance:**

Company: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Homeowners/Renters Insurance:**

Company: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Automobile Insurance:**

Company: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Legal Information:**

Lawyer: \_\_\_\_\_ Tel.: \_\_\_\_\_

**Power of Attorney (Financial):**

Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Name of alternate agent: \_\_\_\_\_ Tel.: \_\_\_\_\_

**Financial Information:**

**Bank Accounts:**

Name of Bank and Account

Number: \_\_\_\_\_

Name of Bank and Account

Number: \_\_\_\_\_

**Safe Deposit Boxes:**

Name of Bank and branch location, location of keys, and Box

Number: \_\_\_\_\_

**Retirement or Pension Plans:**

Company: \_\_\_\_\_ Tel. \_\_\_\_\_

Claim number: \_\_\_\_\_

**Mortgage Information:**

Company: \_\_\_\_\_ Loan Number: \_\_\_\_\_

**Other (including company, identifying numbers):**

Stock Certificates: \_\_\_\_\_

Bonds: \_\_\_\_\_

Certificates of Deposit: \_\_\_\_\_

Mutual Funds: \_\_\_\_\_

IRA/401(k): \_\_\_\_\_

Annuities: \_\_\_\_\_



**Burial Arrangements**

Clergy: \_\_\_\_\_

Tele: \_\_\_\_\_

**Burial Arrangements:**

Funeral Home: \_\_\_\_\_ Tel.: \_\_\_\_\_

Prepaid Plan: \_\_\_\_\_

Cemetery Lot/Crematorium Address: \_\_\_\_\_

Organ Donation: \_\_\_\_\_

**CAUTION: THIS DOCUMENT CONTAINS CONFIDENTIAL  
INFORMATION. DO NOT EMAIL IT OR DISTRIBUTE IT.  
PUT IT IN A SECURE LOCATION.**

**LIST OF ADVISORS**

Accountant/ Bookkeeper	Name	(Area Code) Phone Number
	Address	

Attorney	Name	(Area Code) Phone Number
	Address	

Banker/ Trust Officer	Name	(Area Code) Phone Number
	Address	

Employee Benefits Representative	Name	(Area Code) Phone Number
	Address	

Financial Advisor  Financial Security Planning Services, Inc.	Name <del>John Doe</del>	(Area Code) Phone Number <del>(415) 555-5555</del> <del>(415) 555-5555</del>
	Address <del>123 Main St, #105 &amp; 104 - Corte Madera, CA 94929</del>	

Insurance Agent/Auto Home/Marine/Umbrella	Name	(Area Code) Phone Number
	Address	

Insurance Agent/Auto Home/Marine/Umbrella	Name	(Area Code) Phone Number
	Address	

Other	Name	(Area Code) Phone Number
	Address	

**LIST OF ADVISORS (CON'T)**

Mortgage Broker	Name	(Area Code) Phone Number
	Address	

Realtor	Name	(Area Code) Phone Number
	Address	

Other	Name	(Area Code) Phone Number
	Address	

**Financial Institutions**

Bank	Name	Account Number
	Address	

Brokerage Firm	Name	Account Number
	Address	

Money Market		
	Address	

Savings & Loan/ Credit Union	Name	Account Number
	Address	

Other	Name	Account Number
	Address	

**INSURANCE POLICIES (CON'T.)**

<b>Insured For:</b>	<b>Company</b>	<b>Policy #</b>	<b>Contact Phone</b>	<b>Location of Policy</b>
<b>Home</b>				
<b>Life Insurance</b>				
<b>Long-Term Care</b>				
<b>Medical</b>				
<b>Med. Supplement</b>				
<b>Medicare</b>				
<b>Umbrella/Prof. Liability</b>				

### Investment Inventory

<u>Particular Investment</u>	<u>Tax Qualified?</u> <small>(401k, IRA)</small>	<u>Approx. Annual Return</u>	<u>Current Yield</u>	<u>Jointly Held</u>	<u>Yourself</u>	<u>Spouse</u>	<u>Child</u>	<u>Trust</u>
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*Cash Equivalent (checking, savings, money market)*

				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
<b>subtotal</b>				<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

*Fixed Assets (CDs, bonds, bond funds, life insurance contract cash values and/or accumulated dividends)*

				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
<b>subtotal</b>				<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

*Equity Assets (stocks, stock funds, REITs)*

				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
<b>subtotal</b>				<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

*Other (real estate, deeds of trust, debts owed, partnership interests)*

				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
<b>subtotals</b>				<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Portfolio Totals**

<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
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*Annual Additions (employment contributions, regular saving)*

				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$

Total Annual Additions \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**LOANS PAYABLE TO US**

From Whom	Phone	Location of Records

**OUTSTANDING LOANS PAYABLE**

To Whom	Phone	Location of Records

**PROPERTY AND REAL ESTATE**

Home Mortgage Holder	Phone	Date of Mortgage	Location of Records

Other Property Owner on Deed	Phone	Date of Mortgage	Location of Records

Investment Property Address	Tenants' Name/Phone	Property Manager/Phone

**VEHICLES**

Make/Model/Year	Vehicle ID Number	Location of Title	Location of Registration	Location of Maintenance

**PERSONAL DOCUMENTS**

<b>Adoption Papers</b> For:	Date of Adoption	Place of Adoption	Certificate #	Location of Certificate

<b>Birth Certificate</b> For:	Date of Birth	Place of Birth	Certificate #	Location of Certificate:

<b>Death Certificate</b> For:	Date of Death	Place of Death	Certificate #	Location of Certificate:

<b>Divorce/Separation/Annulment Papers</b> For:	Date of Divorce	Place of Divorce	Certificate #	Location of Records:

<b>Guardianship</b> For:	Date of Guardianship	Attorney	Named Guardian	Location of Records:

<b>Living Will/Burial Instructions</b> For:	Attorney	Dated	Who Can Make Decisions for Me	Location of Living Will:

<b>Marriage Certificate</b> For:	Date of Marriage	Place of Marriage	Certificate #	Location of Certificate:

<b>Powers of Attorney (POA)</b> For:	Date of POA	Attorney	Person Named POA	Location of Records:

<b>Will/Trust</b> For:	Document Date	Attorney	Executor/Trustee	Location of Document

**SAFETY DEPOSIT BOX(ES)**

Registered in the Name of	Name of Institution	Box Number	Location of Keys	Authorized Signers

**CONTENTS OF SAFE DEPOSIT BOX**

Date: \_\_\_\_\_

Item:	Date Added (A) Date Removed (R)	Item:	Date Added (A) Date Removed (R)

**IMPORTANT PAPERS – A GUIDE TO WHERE AND HOW LONG TO KEEP THEM**

Safe Deposit Box		Current Records/ Fireproof Box at Home	
<u>Item</u>	<u>How Long to Keep</u>	<u>Item</u>	<u>How Long to Keep</u>
<input type="checkbox"/> Abstracts	Until property is sold	<input type="checkbox"/> Awards	
<input type="checkbox"/> Appraisals, receipts (personal property)	Until property is sold	<input type="checkbox"/> Cancelled Checks & Bank Statements	6 years-current files 2 years-dead storage
<input type="checkbox"/> Birth Certificates	Forever	<input type="checkbox"/> Credit Card Numbers	Keep Current
<input type="checkbox"/> Bonds	Until maturity	<input type="checkbox"/> Emergency cash/ Travelers checks	Replenish as needed
<input type="checkbox"/> Death Certificates		<input type="checkbox"/> Financial Records	
<input type="checkbox"/> Deeds	Until property is sold	<input type="checkbox"/> Income Tax Returns & Records	3 years-current files 6 years-dead storage
<input type="checkbox"/> Degrees	Forever	<input type="checkbox"/> Insurance Policies	Until expiration/cancellation
<input type="checkbox"/> Divorce decrees	Forever	<input type="checkbox"/> Living Will	As long as in effect
<input type="checkbox"/> Individual Retirement Account	Forever	<input type="checkbox"/> Legal Agreements, Contracts	Until expiration
<input type="checkbox"/> Legal Agreements, Contracts	Until expiration	<input type="checkbox"/> Loans, Promissory notes	Until 6 years after paid off
<input type="checkbox"/> Marriage Certificate	Forever	<input type="checkbox"/> Mortgage & Home Improv. Records, Settlement Sheets	Until 6 after selling home
<input type="checkbox"/> Military Discharge Papers	Forever	<input type="checkbox"/> Passports	Until expiration
<input type="checkbox"/> Mortgage & Home Improv. Records, Settlement Sheets	Until 6 after selling home	<input type="checkbox"/> Power of Attorney	As long as in effect
<input type="checkbox"/> Naturalization Papers	Forever	<input type="checkbox"/> Property Tax Receipts	6 years
<input type="checkbox"/> Personal Prop. Inventory	Update yearly	<input type="checkbox"/> Social Security Number	Forever
<input type="checkbox"/> Personal Prop. Pictures/Video	Update yearly	<input type="checkbox"/> Warranties	Until Expired
<input type="checkbox"/> Stock Certificates, Securities	Until sold	<input type="checkbox"/> Wills and Codicils	As long as in effect
<input type="checkbox"/> Title Policies	Until property sold	<input type="checkbox"/> <b>Family Record Organizer</b>	Update yearly
<input type="checkbox"/> Trusts	As long as in effect		
<input type="checkbox"/> Vehicle Title	Until vehicle sold		

<p>In addition, you should give a copy of the following to your: <b>Financial Advisor, Attorney, a Relative and/or a trusted Friend:</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Burial Instructions</li> <li><input type="checkbox"/> Living Will</li> <li><input type="checkbox"/> Power of Attorney</li> <li><input type="checkbox"/> Trusts</li> <li><input type="checkbox"/> Wills and Codicils</li> <li><input type="checkbox"/> <b>Family Record Organizer</b></li> </ul>	<p>Plus the Names and Addresses for persons named in</p> <ul style="list-style-type: none"> <li>a) Powers of Attorney,</li> <li>b) Trusts &amp;</li> <li>c) Will (incl. witnesses)</li> </ul>
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**PERSONAL CONTACTS**

**Emergency Numbers:**

Ambulance:	Name	(Area Code) Phone Number
	Address	

Clergy:	Name	(Area Code) Phone Number
	Address	

Fire Department	Name	(Area Code) Phone Number
	Address	

Police:	Name	(Area Code) Phone Number
	Address	

Friend/Relative to Contact in an emergency:	Name	(Area Code) Phone Number
	Address	

Friend/Relative to Contact in an emergency:	Name	(Area Code) Phone Number
	Address	

Friend/Relative to Contact in an emergency:	Name	(Area Code) Phone Number
	Address	

**PERSONAL CONTACTS (CON'T)**

**Medical Professionals:** (if information is different for each family member, duplicate this form)

Dentist:	Name	(Area Code) Phone Number
	Address	

Ophthalmologist:	Name	(Area Code) Phone Number
	Address	

Optometrist:	Name	(Area Code) Phone Number
	Address	

Ob/Gyn:	Name	(Area Code) Phone Number
	Address	

Pharmacist:	Name	(Area Code) Phone Number
	Address	

Physician:	Name	(Area Code) Phone Number
	Address	

Physician:	Name	(Area Code) Phone Number
	Address	

Other:	Name	(Area Code) Phone Number
	Address	

PERSONAL CONTACTS (CON'T)

**Children's Information, including Medical**

Baby Sitter:	Name	(Area Code) Phone Number
	Address	

Daycare Provider:	Name	(Area Code) Phone Number
	Address	

Orthodontist:	Name	(Area Code) Phone Number
	Address	

Pediatrician:	Name	(Area Code) Phone Number
	Address	

Pediatric Dentist:	Name	(Area Code) Phone Number
	Address	

School:	Name	(Area Code) Phone Number
	Address	

School:	Name	(Area Code) Phone Number
	Address	

**Personal Contacts (con't)**

**Home Maintenance**

Appliance Repair:	Name	(Area Code) Phone Number
	Address	

Electrician:	Name	(Area Code) Phone Number
	Address	

Gardener:	Name	(Area Code) Phone Number
	Address	

Handyman:	Name	(Area Code) Phone Number
	Address	

Housekeeper:	Name	(Area Code) Phone Number
	Address	

Pest Control Company:	Name	(Area Code) Phone Number
	Address	

Plumber:	Name	(Area Code) Phone Number
	Address	

Pool Maintenance:	Name	(Area Code) Phone Number
	Address	

**PERSONAL CONTACTS (CON'T)**

**IMPORTANT LOCATIONS**

Alarm System Shut Off	
Electrical Breaker Box	
Extra House Keys	
Gas Shut Off	
Thermostat	
Water Main	
Other	
Other	

**Pet Information**

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_ Registered? \_\_\_\_\_ License # \_\_\_\_\_

Groomer:	Name	(Area Code) Phone Number
	Address	

Pet Sitter/Boarder:	Name	(Area Code) Phone Number:
	Address	

Veterinarian:	Name	(Area Code) Phone Number
	Address	

**FAMILY MEDICAL HISTORY AS OF**

Knowledge of family history may help other family members with the diagnosis, early treatment, and in some cases, prevention of hereditary medical conditions. When completing this, include parents, grandparents, sisters, brothers, uncles, aunts, and children.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Alcoholism Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Alzheimer's disease Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Birth defects Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorder Name _____ (describe, e.g., hemophilia, thalassemia) _____
Cancer:		
<input type="checkbox"/>	<input type="checkbox"/>	Breast cancer Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Colon cancer Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Melanoma Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Other cancer Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Chromosomal disorder Name _____ (describe, e.g., down's syndrome)
<input type="checkbox"/>	<input type="checkbox"/>	Collagen vascular disease Name _____ (describe, e.g., lupus erythematosus, Raynaud's disease, rheumatoid arthritis, scleroderma) _____
<input type="checkbox"/>	<input type="checkbox"/>	Cystic fibrosis Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Endometriosis Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Eczema Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy (seizures) Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Hay fever Name _____

Yes	No	
Heart disease:		
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure Name _____
<input type="checkbox"/>	<input type="checkbox"/>	High cholesterol Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Other heart disorder Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Inflammatory bowel disease Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney stones Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung disease Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Mental retardation Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Muscular dystrophy Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Neurological disorder Name _____ (describe, e.g., chorea, tay-sachs disease) _____
<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Psoriasis Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric disorder Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell disease or trait Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disorder Name _____ (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Ulcers Name _____
<input type="checkbox"/>	<input type="checkbox"/>	Other hereditary disorder (s) Name _____ (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Gout Name _____

**Allergic conditions**

Name _____	Allergen _____	Reaction _____
Name _____	Allergen _____	Reaction _____
Name _____	Allergen _____	Reaction _____

**FAMILY MEDICAL HISTORY (CON'T)**

<b>Detailed Information on Family Medical History</b>			
Family Member Name	Diagnosis & Present Status	Dates of Treatment or Hospitalization	Physician, Clinic or Hospital (include address & phone)
Name	Diagnosis/Treatment  Present Status	Began ___/___ Ended ___/___  Hospitalized? Yes No Dates ___/___	
Name	Diagnosis/Treatment  Present Status	Began ___/___ Ended ___/___  Hospitalized? Yes No Dates ___/___	
Name	Diagnosis/Treatment  Present Status	Began ___/___ Ended ___/___  Hospitalized? Yes No Dates ___/___	

Notes:

**Recent Prescription Medications**

Family Member Name	Medication and Condition for which prescribed	Dates		Physician/ Specialty	Physician's Phone #
		From	To		

Notes:

**INFORMATION AND MEDICAL RELEASE FOR CHILD-CARE PROVIDER**

<b>Home Address:</b> _____	<b>Home Phone:</b> _____
<b>Mother's Name:</b> _____	<b>Work Phone</b> _____
Cell Phone: _____	<b>Pager:</b> _____
<b>Father's Name:</b> _____	<b>Work Phone</b> _____
Cell Phone: _____	<b>Pager:</b> _____
<b>Emergency Contacts: (Name, Phone #)</b> _____	
_____	

**Child(ren)** (medical conditions, height/weight, blood type, etc.)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Notes \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Notes \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Notes \_\_\_\_\_

**Children's Doctors**

<b>Pediatrician:</b> _____	Phone _____	Address _____
	After Hours #: _____	
<b>Dentist:</b> _____	Phone _____	Address _____
	After Hours #: _____	
<b>Orthodontist</b> _____	Phone _____	Address _____
	After Hours #: _____	
<b>Other:</b> _____	Phone _____	Address _____
	After Hours #: _____	
<b>Other:</b> _____	Phone _____	Address _____
	After Hours #: _____	
<b>Parents Info. &amp; Referral Center</b>	800-690-2282	7 am-11 pm: behavioral & medical questions-RN Staffed

**School Information:**

School Name _____	Phone _____	Address _____
School Name _____	Phone _____	Address _____

**Medical Insurance** Company: \_\_\_\_\_ Phone # \_\_\_\_\_

(attach copies of cards) Group # \_\_\_\_\_ Member # \_\_\_\_\_

**Authorization to consent to medical care**

The undersigned, who are the parents for the above-named children, hereby authorize the bearer of this document, into whose care our children have been entrusted, to consent to any medical care, including hospitalization, to be rendered to him/her under the supervision and upon the advise of a licensed physician or dentist. This authorizes consent ONLY in an extreme emergency when his/her parents cannot be found.

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_