

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		Maiden/Former Name
Address		
Home Phone	Cell Phone	Email 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
Current Employer		Work Phone
Employer Address		
HR Contact		Phone
Supervisor		Phone

II. Spouse/Domestic Partner Information

Full Legal Name		Maiden/Former Name
Address		
Home Phone	Cell Phone	Email 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	
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.
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.
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.
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.
School Name		School Phone	
Teacher	Grade	Allergies	
Blood Type	Medications and Dosage		

Pediatrician	Phone
Address	

Dentist	Phone
Address	

Specialist	Phone
Address	

Day Care Provider	Phone
Address	

IV. Pet Information

Pet Name
Special Considerations

Pet Name
Special Considerations

Pet Name
Special Considerations

Veterinarian	Phone
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Other important information about self, spouse, children 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
_____ Box No. and Location of Keys	_____ Institution Address

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
_____	_____
Group Number	Owner
_____	_____
Beneficiary	Insurance Agent

_____	_____
Insurance Company Name	Phone

Address	
_____	_____
Life Insurance Policy No.	Disability Policy No.
_____	_____
Long-Term Care Policy No.	Other
_____	_____
Group Number	Owner
_____	_____
Beneficiary	Insurance Agent

_____	_____
Insurance Company Name	Phone

Address	
_____	_____
Life Insurance Policy No.	Disability Policy No.
_____	_____
Long-Term Care Policy No.	Other
_____	_____
Group Number	Owner
_____	_____
Beneficiary	Insurance Agent

Property & Casualty

Insurance Company Name	Agent
Address	Phone
Homeowner Policy No.	Auto Policy No.
Umbrella Policy No.	Other
Group Number	Owner
Beneficiary	Insurance Agent

Insurance Company Name	Agent
Address	Phone
Homeowner Policy No.	Auto Policy No.
Umbrella Policy No.	Other
Group Number	Owner
Beneficiary	Insurance Agent

Other important insurance information

XI. Financial/Investment Information

Financial Professional Name	Phone
Firm Name	Address
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

XII. Bank Information

Bank Name	Bank Name
Address	Address
Phone	Phone
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
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.)
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Name of Dependent	Type (Savings, 529s, etc.)
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 Holder	Phone
Address	
Account No.	Interest Rate
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
Account No.	Interest Rate
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
Account No.	Interest Rate

Credit Card	Name as It Appears on Card
Billing Address	Phone
Account No.	Interest Rate

XIV. Online Accounts

Account Name	Login
Account Name	Login
Account Name	Login

Digital

Account Inventory	Website/Account
Username	Password

Other important loans and credit 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
Deed	Location of Records	

Secondary Residence

Address	Phone	
Mortgage	Account No.	Interest Rate
Second Mortgage	Account No.	Interest Rate
Home Equity Loan	Account No.	Interest Rate
Deed	Location of Records	

Rental

Address	Phone	
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
_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone
_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone

Non-Emergency Numbers

Local Police

Local Fire Department

Local Hospital

Household Emergency

_____	_____
Plumber	Phone
_____	_____
Electrician	Phone
_____	_____
Heating Provider	Phone
_____	_____
Telephone Company	Phone
_____	_____
Electric Company	Phone
_____	_____
Cable Company	Phone
_____	_____
Town Hall	Phone
_____	_____
AAA/Towing	Phone
_____	_____
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
_____	_____
Current Trustee	Successor Trustees

Location of Trust	

_____	_____
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)	
_____	_____
Durable Power of Attorney (Financial) For	Dated
_____	_____
Agent or Proxy	Attorney

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 of Living Will (Medical)	Attorney

_____	_____
Living Will (Medical) For	Dated
_____	_____
Location of Living Will (Medical)	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

The below summarizes my wishes around funeral arrangements that I have indicated in the appropriate governing documents.

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 viewing in a rented casket followed by a traditional service. Direct cremation refers to immediate cremation, no viewing and may be followed by a traditional service.

I do or do not wish to be embalmed.

I am a member of the following organization (military veterans, Masons, etc.) and desire an organizational service.

I desire that services be held at:			
<input type="checkbox"/> funeral home	<input type="checkbox"/> church	<input type="checkbox"/> graveside	<input type="checkbox"/> other _____

I request that memorial contributions be made to:

I have or have not made funeral prearrangements with the funeral home.

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
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Title of property or plan in the name of:
