



VITAL INFORMATION

DATE OF THIS DOCUMENT _____

IDENTIFICATION

FULL NAME _____ S.S. # _____
First Middle Last

SPOUSE _____ S.S. # _____
First Middle Last

MAILING ADDRESS (Primary Residence) _____

SEASONAL ADDRESS _____

Dates of Seasonal address _____

PHONE _____ email _____

SEX _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

MEMBER OF ARMED SERVICE (specify Branch/War) _____

MARITAL STATUS (Married, Never Married, Widowed, Divorced, Separated)

SPOUSE (If wife, give maiden name) _____ MAIDEN NAME _____

CHILDREN (Name and Contact Information)

1. _____

2. _____

3. _____

4. _____



INSURANCE INFORMATION

MEDICAL INSURANCE CO. _____ POLICY # _____

MEDICARE NUMBER _____

AUTO INSURANCE CO. _____ POLICY # _____

AGENT _____ PHONE # _____

LIFE INSURANCE CO. _____ POLICY # _____

AGENT _____ PHONE # _____

HOME AND PROPERTY _____ PHONE# _____

AGENT _____

LONG TERM CARE _____ PHONE# _____

AGENT _____

CONTACT NUMBERS—NAME AND PHONE NUMBERS

POWER OF ATTORNEY _____

HEALTH CARE AGENT _____

DOCTOR(S) _____

SPIRITUAL ADVISOR _____

ATTORNEY _____

ACCOUNTANT _____

OTHER _____



IMPORTANT PAPERS: Gather all important papers and put them in a safe and secure location. Let Power of Attorney have access to these papers. Check each thing below that you have in that location.

WILL _____ POWER OF ATTORNEY _____ TITLES TO CARS/BOATS _____

REAL ESTATE RECORDS _____ (Purchase agreements, Contracts for Deed, Abstracts)

TAX INFORMATION _____ (Including old Tax Returns)

FINANCIAL RECORDS/FINANCIAL PLANNER(S) _____

FINANCIAL INSTITUTIONS _____

(Include account numbers, locations, contact names, trust information past statements. You may need to attach a sheet to this document)

IF COMPUTERIZED, USER NAME _____ PASSWORD _____

LOANS MADE AMOUNT _____ TO WHOM _____

SAFE DEPOSIT BOX/LOCK BOX _____ LOCATION/ACCESS _____

CEMETARY PLOT (DEED/LOCATION) _____

HEALTH CARE DIRECTIVES /5 WISHES/POLST

LOCATIONS _____

LOCATION OF OTHER IMPORTANT DOCUMENTS AND INFORMATION:

BILLS _____ BIRTH CERTIFICATE _____

MARRIAGE/DIVORCE CERTIFICATES _____ PASSPORT _____

CREDIT CARDS _____



SERVICE PROVIDERS _____

PRESCRIPTIONS _____

GARBAGE/RECYCLING PICKUP DAYS _____

PO BOX # _____ LOCATION _____

FAMILY

(If Deceased)

FATHER _____ MOTHER _____
First Middle Last First Middle Last

NEXT OF KIN:

NAME (First, MI, Last) RELATIONSHIP PHONE NUMBER

1. _____
2. _____
3. _____
4. _____



FUNERAL ARRANGEMENTS: (Give as much detail as you wish)

CASKET/CREMATION _____

FUNERAL HOME _____ PHONE _____

CEMETARY _____ PHONE _____

PLOT/NICHE # _____

I HAVE/HAVE NOT PREPAID COSTS _____

I WISH TO HAVE A SERVICE CELEBRATING MY LIFE AT _____

PIN NUMBERS:

PASSWORDS:

OTHER:

