



IMPORTANT INFORMATION FOR MY FAMILY

PERSONAL INFORMATION

Name: _____ Email Address: _____

Home Address: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Social Security #: _____ - _____ - _____ Birthdate: ____ / ____ / ____ Location: _____

I am an Organ Donor: Yes or No

Name of Spouse: _____ Marriage Date: ____ / ____ / ____ Location: _____

Cell Phone: (_____) _____ - _____ Birthdate: ____ / ____ / ____ Location: _____

Mother's Full Name: _____ Birthdate: ____ / ____ / ____ Location: _____

Father's Full Name: _____ Birthdate: ____ / ____ / ____ Location: _____

Child's Name: _____ Birthdate: ____ / ____ / ____ Phone #: (_____) _____ - _____

Address: _____

Child's Name: _____ Birthdate: ____ / ____ / ____ Phone #: (_____) _____ - _____

Address: _____

Child's Name: _____ Birthdate: ____ / ____ / ____ Phone #: (_____) _____ - _____

Address: _____

Child's Name: _____ Birthdate: ____ / ____ / ____ Phone #: (_____) _____ - _____

Address: _____

Sibling's Name: _____ Birthdate: ____ / ____ / ____ Phone #: (_____) _____ - _____

Address: _____

Sibling's Name: _____ Birthdate: ____ / ____ / ____ Phone #: (_____) _____ - _____

Address: _____

Sibling's Name: _____ Birthdate: ____ / ____ / ____ Phone #: (_____) _____ - _____

Address: _____

Sibling's Name: _____ Birthdate: ____ / ____ / ____ Phone #: (_____) _____ - _____

Address: _____

Grandchild's Name: _____ Birthdate: ____ / ____ / ____ Address: _____

Grandchild's Name: _____ Birthdate: ____ / ____ / ____ Address: _____

Grandchild's Name: _____ Birthdate: ____ / ____ / ____ Address: _____

Grandchild's Name: _____ Birthdate: ____ / ____ / ____ Address: _____

Grandchild's Name: _____ Birthdate: ____ / ____ / ____ Address: _____

Great-Grandchild's Name: _____ Birthdate: ____ / ____ / ____ Address: _____

Great-Grandchild's Name: _____ Birthdate: ____ / ____ / ____ Address: _____

Great-Grandchild's Name: _____ Birthdate: ____ / ____ / ____ Address: _____

Additional family members listed on back page.

IMPORTANT DOCUMENTS & CONTACTS

My Funeral Arrangements document is located: _____

My Last Will & Testament is located: _____ St. Paul's is Included: Yes or No

My Durable Power of Attorney for Financial Management is: _____

Document is located: _____

My Healthcare Power of Attorney is: _____ Living Will document location: _____

My Executor is: _____ Phone: (_____) _____ - _____

My Accountant is: _____ Phone: (_____) _____ - _____

My Attorney is: _____ Phone: (_____) _____ - _____

My Financial Advisor is: _____ Phone: (_____) _____ - _____

My Medical Physician(s) are: _____ Phone: (_____) _____ - _____

_____ Phone: (_____) _____ - _____

My Dental Physician is: _____ Phone: (_____) _____ - _____

My Employer is: _____ Phone: (_____) _____ - _____

My Business Partners are: _____ Phone: (_____) _____ - _____

_____ Phone: (_____) _____ - _____

All Web/Computer User & Password Information is located: _____

Other Important Contacts: _____

INSURANCE POLICIES

My Insurance Policies are located: _____

Life Insurance Company: _____ Phone: (_____) _____ - _____

Policy #: _____ Agent: _____

Life Insurance Company: _____ Phone: (_____) _____ - _____

Policy #: _____ Agent: _____

Names of Beneficiaries: _____

Medical Insurance Company: _____ Phone: (_____) _____ - _____

Policy #: _____ Agent: _____

Names of Family Members included on Policy: _____

Long Term Care Insurance Company: _____ Phone: (_____) _____ - _____

Policy #: _____ Agent: _____

Disability Insurance Company: _____ Phone: (_____) _____ - _____

Policy #: _____ Agent: _____

Homeowner's Insurance Company: _____ Phone: (_____) _____ - _____

Policy #: _____ Agent: _____

Automobile Insurance Company: _____ Phone: (_____) _____ - _____

Policy #: _____ Agent: _____

Names of Family Members included on Policy: _____

FINANCIAL INFORMATION

Name of Bank: _____ Personal Checking Account #: _____

Savings Account #: _____ Business Checking Account #: _____

Other Bank Accounts: _____ Account #: _____

Other Bank Accounts: _____ Account #: _____

Banking records are located: _____

My safe deposit box is located: _____ Keys are located: _____

Those having access to box: _____

My personal safe is located: _____ Safe combination is: _____

Notes regarding my banking information: _____

STOCKS, PENSION & REAL ESTATE

My Financial Advisor/Company is: _____ Phone: (_____) _____ - _____

Stock and Bond Certificates held by me are located: _____

Investment Account: _____ Account #: _____ Location: _____

Investment Account: _____ Account #: _____ Location: _____

Investment Account: _____ Account #: _____ Location: _____

Other Financial Documents/Cerificates are located: _____

Pension & Employment Benefits Information is located: _____

Real Estate Deeds are located: _____

Property: _____ Address: _____ Joint Ownership: _____

Property: _____ Address: _____ Joint Ownership: _____

Property: _____ Address: _____ Joint Ownership: _____

Vehicle, boat, other titles are located: _____

Vehicle Model: _____ Year: _____ Tag #: _____

Vehicle Model: _____ Year: _____ Tag #: _____

Vehicle Model: _____ Year: _____ Tag #: _____

Other Assets: _____

Inventory lists of business assets, household furnishings, jewelry, other valuables are located: _____

TRUST & ASSETS

Documents are located: _____

Name of Institution: _____ Contact Name: _____ Phone #: (_____) _____ - _____

Name of Trust: _____ Trustee: _____

Name of Trust: _____ Trustee: _____

Other: _____

DEBT

Mortgage Company: _____ Phone #: (_____) _____ - _____

Policy #: _____ Agent: _____

Auto Loan Company: _____ Phone #: (_____) _____ - _____

Policy #: _____ Agent: _____

Auto Loan Company: _____ Phone #: (_____) _____ - _____

Policy #: _____ Agent: _____

Credit Card Company: _____ Card #: _____ Phone #: (_____) _____ - _____

Credit Card Company: _____ Card #: _____ Phone #: (_____) _____ - _____

Credit Card Company: _____ Card #: _____ Phone #: (_____) _____ - _____

Other: _____ Phone #: (_____) _____ - _____

Other: _____ Phone #: (_____) _____ - _____

Location of monthly billing information: _____

OTHER DOCUMENTS & INFORMATION

Birth certificate is located: _____ Marriage records are located: _____

Income tax records are located: _____ City/County tax records are located: _____

Military records are located: _____

Keys (home, vehicles, other properties) are located: _____

Patents/copyright documents are located: _____

Pets names: _____ Where will they go: _____

Location of other documents: _____

Including naturalization papers, adoption papers, divorce decrees, birth and/or death certificates of other family members, etc.

Additional family members, friends, business associates: _____

Prepared By: _____ Date: _____

This confidential information may be kept on file with the Rector's Administrative Assistant, to be returned or modified at the request of the preparer.