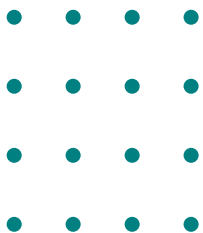


The Sh*t Happens *Binder*

**AN EMERGENCY BINDER TO HELP YOU
PREPARE FOR THE UNEXPECTED**



MILLENNIAL
homeowner

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Personal Information

PERSONAL INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone #: _____

License # : _____ Social Security # : _____

Birthday: _____ Place of Birth: _____

Citizenship: _____

Father's Name: _____

Mother's Name (w/ maiden): _____

IDENTIFYING INFORMATION

Nickname: _____ Blood Type: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Identifying Marks: _____

MARITAL INFORMATION

Marital Status: Single Married Widowed Divorced Separated

Date of Marriage: _____ Place of Marriage: _____

Full Name of Spouse: _____

Is there a: Prenuptial agreement Divorce agreement Separation agreement

If Widowed/Divorced/Separated? Date Occurred: _____

Name(s) of Former Spouses: _____

EMPLOYMENT INFORMATION - CURRENT OR MOST RECENT

Employer: _____ Position: _____

Email: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

MINOR CHILDREN

CHILD # 1 :

Full Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

License/ID # : _____ Social Security # : _____

Birthday: _____ Place of Birth: _____

Child's Status: Biological Adopted - Date _____ Deceased - Date _____

School Name: _____ Phone #: _____

IDENTIFYING INFORMATION

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Blood Type: _____

Identifying Marks: _____

CHILD # 2 :

Full Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

License/ID # : _____ Social Security # : _____

Birthday: _____ Place of Birth: _____

Child's Status: Biological Adopted - Date _____ Deceased - Date _____

School Name: _____ Phone #: _____

IDENTIFYING INFORMATION

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Blood Type: _____

Identifying Marks: _____

MINOR CHILDREN CONT.

CHILD # 3 :

Full Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

License/ID # : _____ Social Security # : _____

Birthday: _____ Place of Birth: _____

Child's Status: Biological Adopted - Date _____ Deceased - Date _____

School Name: _____ Phone #: _____

IDENTIFYING INFORMATION

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Blood Type: _____

Identifying Marks: _____

CHILD # 4 :

Full Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

License/ID # : _____ Social Security # : _____

Birthday: _____ Place of Birth: _____

Child's Status: Biological Adopted - Date _____ Deceased - Date _____

School Name: _____ Phone #: _____

IDENTIFYING INFORMATION

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Blood Type: _____

Identifying Marks: _____

PET INFORMATION

Name: _____ Gender: _____

Birth Month/Year: _____ Breed: _____

Microchip # : _____ Registered With: _____

Identifying Marks: _____

License / Tag # _____

VET INFORMATION:

Vet Name: _____

Email: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

HABITS:

Feeding Brand/Amount/Schedule: _____

Behaviors: _____

Sleeping Habits: _____

Favorite Toys: _____

Favorite Treats: _____

Favorite Activity: _____

Favorite Toy: _____

Favorite Place To Visit: _____

Dislikes: _____



Insurance Information

HOME INSURANCE

Insured property address: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Insured property address: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Insured property address: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Insured property address: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

(Copy of policies at end of section)

CAR INSURANCE

Make: _____ Model: _____ Year: _____

VIN: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Make: _____ Model: _____ Year: _____

Vin: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Make: _____ Model: _____ Year: _____

Vin: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Make: _____ Model: _____ Year: _____

Vin: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

LIFE INSURANCE

POLICY FOR

Company: _____ Benefit \$: _____

Beneficiary: _____

Policy #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

POLICY FOR

Company: _____ Benefit \$: _____

Beneficiary: _____

Policy #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

POLICY FOR

Company: _____ Benefit \$: _____

Beneficiary: _____

Policy #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

POLICY FOR

Company: _____ Benefit \$: _____

Beneficiary: _____

Policy #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

(Copy of policies at end of section)

HEALTH INSURANCE

Insured Person: _____ Company: _____

Member #: _____ Group #: _____

Policy #: _____ Agent: _____

Agent Phone: _____ Agent Email: _____

Address: _____

City: _____ State: _____ Zip: _____

COVERAGE INFORMATION

Health: _____

Dental: _____ Vision: _____

RX: _____ Deductibles: _____

(Copy of policies at end of section)

Insured Person: _____ Company: _____

Member #: _____ Group #: _____

Policy #: _____ Agent: _____

Agent Phone: _____ Agent Email: _____

Address: _____

City: _____ State: _____ Zip: _____

COVERAGE INFORMATION

Health: _____

Dental: _____ Vision: _____

RX: _____ Deductibles: _____

(Copy of policies at end of section)

OTHER INSURANCE

Insured: _____ Company: _____

Policy #: _____ Agent: _____

Agent Phone: _____ Agent Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Insured: _____ Company: _____

Policy #: _____ Agent: _____

Agent Phone: _____ Agent Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Insured: _____ Company: _____

Policy #: _____ Agent: _____

Agent Phone: _____ Agent Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Insured: _____ Company: _____

Policy #: _____ Agent: _____

Agent Phone: _____ Agent Email: _____

Address: _____

City: _____ State: _____ Zip: _____

(Copy of policies at end of section)



Emergency Contacts

FAMILY & FRIENDS CONTACTS

CONTACT:

Name: _____ Relation: _____

Email: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

CONTACT:

Name: _____ Relation: _____

Email: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

CONTACT:

Name: _____ Relation: _____

Email: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

CONTACT:

Name: _____ Relation: _____

Email: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

CONTACT:

Name: _____ Relation: _____

Email: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

MEDICAL CONTACTS

PRIMARY DOCTOR

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

PEDIATRICIAN

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

DENTIST

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

PREFERRED HOSPITAL

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHERS

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

PROFESSIONAL CONTACTS

LAWYER

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

BANKER

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

ACCOUNTANT

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____



Household Expenses

HOUSING EXPENSES

MORTGAGE / RENT

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

Notes: _____

MORTGAGE / RENT

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

Notes: _____

MORTGAGE / RENT

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

Notes: _____

UTILITY EXPENSES

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

UTILITY EXPENSES

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____



Assets & Liabilities (FINANCIAL INFO)

BANK ACCOUNTS

BANK # 1

Bank Name: _____ Phone: _____

Account Type: _____ Account #: _____

Account Type: _____ Account #: _____

Account Type: _____ Account #: _____

Other Account Login

Website: _____

Username: _____ Password: _____

Debit Card Info

Last 4 digits: _____ Expiry Date: _____ Pin #: _____

Last 4 digits: _____ Expiry Date: _____ Pin #: _____

Last 4 digits: _____ Expiry Date: _____ Pin #: _____

BANK # 2

Bank Name: _____ Phone: _____

Account Type: _____ Account #: _____

Account Type: _____ Account #: _____

Account Type: _____ Account #: _____

Other Account Login

Website: _____

Username: _____ Password: _____

Debit Card Info

Last 4 digits: _____ Expiry Date: _____ Pin #: _____

Last 4 digits: _____ Expiry Date: _____ Pin #: _____

Last 4 digits: _____ Expiry Date: _____ Pin #: _____

INVESTMENTS ACCOUNTS

INVESTMENT ACCOUNT # 1

Account Type: _____

Custodian: _____ Account #: _____

Advisor: _____ Phone: _____

Website: _____

Username: _____ Password: _____

INVESTMENT ACCOUNT # 2

Account Type: _____

Custodian: _____ Account #: _____

Advisor: _____ Phone: _____

Website: _____

Username: _____ Password: _____

INVESTMENT ACCOUNT # 3

Account Type: _____

Custodian: _____ Account #: _____

Advisor: _____ Phone: _____

Website: _____

Username: _____ Password: _____

INVESTMENT ACCOUNT # 4

Account Type: _____

Custodian: _____ Account #: _____

Advisor: _____ Phone: _____

Website: _____

Username: _____ Password: _____

(Copy of policies at end of section)

HOME AND VALUABLES INVENTORY

ITEM	DATE OF PURCHASE	PURCHASE PRICE	SERIAL #/MODEL
NOTES			
NOTES			
NOTES			
NOTES			
NOTES			
NOTES			
NOTES			
NOTES			
NOTES			
NOTES			

CREDIT CARD INFORMATION

DUE DATE

CREDIT CARD # 1

Card Name: _____

Account #: _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD # 2

Card Name: _____

Account #: _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD # 3

Card Name: _____

Account #: _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD INFORMATION

DUE DATE

CREDIT CARD # 4

Card Name: _____

Account #: _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD # 5

Card Name: _____

Account #: _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD # 6

Card Name: _____

Account #: _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD INFORMATION

DUE DATE

CREDIT CARD # _____

Card Name: _____

Account #: _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD # _____

Card Name: _____

Account #: _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD # _____

Card Name: _____

Account #: _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

STUDENT LOAN INFORMATION

DUE DATE

STUDENT LOAN # 1

Loan Holder: _____

Account #: _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

STUDENT LOAN # 2

Loan Holder: _____

Account #: _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

STUDENT LOAN # 3

Loan Holder: _____

Account #: _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

STUDENT LOAN INFORMATION

STUDENT LOAN # 4

DUE DATE

Loan Holder: _____

Account #: _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

STUDENT LOAN # 5

DUE DATE

Loan Holder: _____

Account #: _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

STUDENT LOAN # 6

DUE DATE

Loan Holder: _____

Account #: _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

STUDENT LOAN INFORMATION

DUE DATE

STUDENT LOAN # _____

Loan Holder: _____

Account #: _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

STUDENT LOAN # _____

Loan Holder: _____

Account #: _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

STUDENT LOAN # _____

Loan Holder: _____

Account #: _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: Mail Auto pay Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

STORED VALUABLES

SAFETY DEPOSIT BOX 1

Bank Name: _____ Box # : _____

Address: _____

City: _____ State: _____ Zip: _____

Access Info: _____

Contents: _____

SAFETY DEPOSIT BOX 2

Bank Name: _____ Box # : _____

Address: _____

City: _____ State: _____ Zip: _____

Access Info: _____

Contents: _____

STORAGE UNIT 1

Storage Company Info: _____ Unit # : _____

Address: _____

City: _____ State: _____ Zip: _____

Key Access Info: _____

Contents: _____

STORAGE UNIT 2

Storage Company Info: _____ Unit # : _____

Address: _____

City: _____ State: _____ Zip: _____

Key Access Info: _____

Contents: _____



Username & Password

CELL PHONE LOG-IN INFORMATION

PHONE # 1

Family member: _____ Passcode: _____

App store username: _____

App store password: _____

Wireless provider: _____ Phone #: _____

PHONE # 2

Family member: _____ Passcode: _____

App store username: _____

App store password: _____

Wireless provider: _____ Phone #: _____

PHONE # 3

Family member: _____ Passcode: _____

App store username: _____

App store password: _____

Wireless provider: _____ Phone #: _____

PHONE # 4

Family member: _____ Passcode: _____

App store username: _____

App store password: _____

Wireless provider: _____ Phone #: _____

PHONE # 5

Family member: _____ Passcode: _____

App store username: _____

App store password: _____

Wireless provider: _____ Phone #: _____



Medical Information

MEDICAL SUMMARY (CONT.)

NAME _____

DAILY MEDICATION SCHEDULE

MEDICATION	INDICATION	DOSE	TIME TAKEN/SCHEDULE

HOSPITALIZATIONS & SURGERIES

DATE	DOCTOR/ HOSPITAL	REASON	RESULTS/ OTHER DETAILS

HEALTH INSURANCE DETAILS

PRIMARY INSURANCE

Carrier: _____

Phone # : _____ Email: _____

Website: _____

Username: _____ Password: _____

Plan Type: _____ Plan Name: _____

Deductibles: _____ Out of pocket maximum _____

Member # : _____ Group # : _____

Member Names: _____

Family Members Insured: _____

SECONDARY INSURANCE

Carrier: _____

Phone # : _____ Email: _____

Website: _____

Username: _____ Password: _____

Plan Type: _____ Plan Name: _____

Deductibles: _____ Out of pocket maximum _____

Member # : _____ Group # : _____

Member Names: _____

Family Members Insured: _____

INSURANCE NOTES

VACCINATION RECORD

RECORD FOR: _____ DATE OF BIRTH: _____

VACCINE	TYPES	DATE(S) GIVEN					
Hib							
PCV							
Tethanus, Diphtheria, Portussis							
Polio							
Hepatitis							
MMR							
Varicella							
DTP, DTap, DT							
Rotavirus							
Meningococcol							
HPV							
Flu							
Flu							
Other							

FAMILY MEDICAL HISTORY

FAMILY HISTORY FOR: _____

	MOTHER	FATHER	MATERNAL GRAND- FATHER	PATERAL GRAND- MOTHER	PATERAL GRAND- MOTHER	PATERAL GRAND- FATHER
--	--------	--------	------------------------------	-----------------------------	-----------------------------	-----------------------------

FIRST NAME						
DECEASED / AGE OF DEATH						
CAUSE OF DEATH (IF APPLICABLE)						

CONDITION

Alcohol / Drug Abuse						
Allergies						
Type of Allergy						
Asthma / Lung Disease						
Bleeding Disorders						
Cancer						
Type of Cancer						
Diabetes						
Epilepsy						
GI Disorder						
Heart Disease / Condition						
Type of Condition						
High Blood Pressure						
High Cholesterol						
Immune Problems						
Kidney Disease						
Liver Disease						
Mental Illness						
Neurological Disorder						
Others						



End of Life Arrangements

END OF LIFE DIRECTIVES

FOR FAMILY MEMBER: _____

LAST WILL AND TESTAMENT

Location of document: _____

Executor: _____ Phone #: _____

Prepared by: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

TRUST AGREEMENT

Location of document: _____

Trustee: _____ Phone #: _____

Prepared by: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

HEALTHCARE POWER OF ATTORNEY

Location of document: _____

Person Named: _____ Phone #: _____

Prepared by: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

FINANCIAL POWER OF ATTORNEY

Location of document: _____

Person Named: _____ Phone #: _____

Prepared by: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

OBITUARY INFORMATION

PERSONAL INFORMATION

Full Legal Name: _____ Maiden Name: _____

Date of Birth: _____ State / Country of Birth: _____

SURVIVED BY:

Spouse: _____

Children: _____

Grandchildren: _____

Pets: _____

ACHIEVEMENTS:

AFFILIATES:

OTHER OBITUARY NOTES:

FUNERAL ARRANGEMENTS

FOR FAMILY MEMBER: _____

PREFERRED FUNERAL HOME

Funeral Home Name: _____

Contact: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

FUNERAL EXPENSES

I have prepaid funeral expenses YES NO If yes, how much prepaid? \$ _____

Prepayment Info: _____

FUNERAL POLICY (IF APPLICABLE)

Company: _____

Policy: _____ Phone #: _____

FUNERAL SERVICE PREFERENCES

Religious Affiliation: _____ Service performed by: _____

Songs: _____

Flowers: _____

Readings: _____

Clothes to be worn (if applicable): _____

Other preferences: _____



Important Documents

ACCESS TO DOCUMENTS

DOCUMENT TYPE	DOCUMENT LOCATION
Birth Certificate	
Social Security Cards	
Passports	
Copies of Drivers' Licenses	
Marriage Certificates	
Adoption Papers	
Last Will & Testament	
Living Will	
Trust	
Power of Attorney	
Healthcare Directive	
DNR Orders	
Organ Donor Directives	
Medical Records	
Immunization Records	
Property Deeds	
Cemetery Deeds	
Mortgage Records	
Rental Contracts	
Health Insurance Policy	
Car Insurance Policy	
Home Insurance Policy	
Life Insurance Policy	
Property for Assessments	
Stock Certificates	
Bonds	
Retirement Account Info	

NOTES

NOTES

NOTES

NOTES

