



PERSONAL INFORMATION *Organizer*



Your source to record all personal information in one convenient place.

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Be prepared for the unexpected

Gather detailed contact information for you and your loved ones using this organizer. Knowing where your documents are stored will save you time and stress if an emergency happens.

In addition to keeping a list of where these documents are located, consider attaching copies of your documents to this form. Be sure to store in a secure place, such as a fireproof safe-deposit box.

Personal/Family Information

Complete this section and store the document in a safe place. Make it a habit to review the document every year or two to ensure the information remains up to date.

Your Information

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Spouse/Partner

NAME (INCLUDING MAIDEN NAME)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

First Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Second Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Third Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Fourth Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Fifth Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Sixth Child

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Other Dependent - Relationship:

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

Other Dependent - Relationship:

NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER



Important Contacts

Attorney Information

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Landlord Information

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Financial Planner Information

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Accountant Information

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Tax Preparer

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Primary Care Physician Information

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Primary Care Physician Information

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Specialty Physician

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Specialty Physician

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Emergency Contact

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Additional Contact

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Additional Contact

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	

Additional Contact

NAME		PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	



Important Documents

Personal Documents	Location
Social Security Card	
Driver's License Number	
Birth Certificate	
Passport/Visa	
Marriage Certificate	
Prenuptial Agreement	
Divorce Decree	
Adoption Document(s)	
Military Discharge/Military ID	
Green Card/Naturalization Papers	

Financial Documents	Location
Deeds/Titles to Property	
Life Insurance Document(s)	
Auto Insurance Document(s)	
Home Insurance Document(s)	
Health Insurance Document(s)	
Loan Document	
Retirement Benefit Statement(s)	
Investment and Savings Document(s)	
State and Federal Income Tax Returns	
Employer/Union Benefits Information	

Estate Planning	Location
Will	
Living Will	
Power of Attorney	
HIPAA Document(s)	
Trust Name Change	
Letter of Instruction	

Other Documents	Location

Financial Information

Safety Deposit Box

LOCATION OF SAFETY DEPOSIT BOX KEYS	SAFETY DEPOSIT BOX NUMBER
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NAME OF INSTITUTION

ADDRESS	PHONE
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Savings Account

ACCOUNT NUMBER	ACCOUNT HOLDER
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BANK NAME/LOCATION	WEBSITE/PASSWORDS
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BANK PHONE	LOCATION OF STATEMENTS
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Savings Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
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BANK NAME/LOCATION	WEBSITE/PASSWORDS
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BANK PHONE	LOCATION OF STATEMENTS
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Checking Account

ACCOUNT NUMBER	ACCOUNT HOLDER
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BANK NAME/LOCATION	WEBSITE/PASSWORDS
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BANK PHONE	LOCATION OF STATEMENTS
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Checking Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
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BANK NAME/LOCATION	WEBSITE/PASSWORDS
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BANK PHONE	LOCATION OF STATEMENTS
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Checking Account (additional)

ACCOUNT NUMBER	ACCOUNT HOLDER
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BANK NAME/LOCATION	WEBSITE/PASSWORDS
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BANK PHONE	LOCATION OF STATEMENTS
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Bank Account Information

ACCOUNT NUMBER	ACCOUNT HOLDER
BANK NAME/LOCATION	WEBSITE/PASSWORDS
BANK PHONE	LOCATION OF STATEMENTS

Loan Information

LENDER	DEBTOR
ACCOUNT NUMBER/WEBSITE/PASSWORDS	DATE OF LOAN DUE DATE
AMOUNT OF LOAN	<input type="radio"/> MONTHLY PAYMENT OF <input type="radio"/> QUARTERLY PAYMENT OF INTEREST RATE
LOCATION OF STATEMENTS	COLLATERAL

Loan Information (additional)

LENDER	DEBTOR
ACCOUNT NUMBER/WEBSITE/PASSWORDS	DATE OF LOAN DUE DATE
AMOUNT OF LOAN	<input type="radio"/> MONTHLY PAYMENT OF <input type="radio"/> QUARTERLY PAYMENT OF INTEREST RATE
LOCATION OF STATEMENTS	COLLATERAL

Real Estate Information

LOCATION OF PROPERTY DOCUMENTS	TYPE OF PROPERTY
PROPERTY OWNER	PROPERTY VALUE
LEGAL DESCRIPTION	
PROPERTY ADDRESS	
MORTGAGE OWNER	PHONE
MORTGAGE OWNER ADDRESS	

Retirement Fund

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS			
ACCOUNT NUMBER	ACCOUNT OWNER	VALUE	AS OF

Investment Account

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS			
ACCOUNT NUMBER	ACCOUNT OWNER	VALUE	AS OF

Investment Account (additional)

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

ACCOUNT NUMBER	ACCOUNT OWNER	VALUE	AS OF
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Bond Information

LOCATION OF DOCUMENTS

BOND OWNER		BOND TYPE	
PURCHASE DATE	MATURITY DATE	BOND VALUE	FACE VALUE

Bond Information (additional)

LOCATION OF DOCUMENTS

BOND OWNER		BOND TYPE	
PURCHASE DATE	MATURITY DATE	BOND VALUE	FACE VALUE

Stock Information

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

STOCK OWNER			STOCK PRICE	
NUMBER OF SHARES	PURCHASE DATE	PURCHASE PRICE	CURRENT PRICE	VALUE

Stock Information (additional)

LOCATION OF STATEMENTS/WEBSITE/PASSWORDS

STOCK OWNER			STOCK PRICE	
NUMBER OF SHARES	PURCHASE DATE	PURCHASE PRICE	CURRENT PRICE	VALUE



Insurance

Auto Insurance Policy

LOCATION OF DOCUMENTS		AGENT'S NAME	
AGENTS PHONE NUMBER	POLICY NUMBER	DATE ISSUED	
ANNUAL PREMIUM	DEDUCTIBLES	VEHICLE INSURED	

Auto Insurance Policy (additional)

LOCATION OF DOCUMENTS		AGENT'S NAME	
AGENTS PHONE NUMBER	POLICY NUMBER	DATE ISSUED	
ANNUAL PREMIUM	DEDUCTIBLES	VEHICLE INSURED	

Homeowner's Insurance Policy

LOCATION OF DOCUMENTS	
COMPANY	
POLICY NUMBER	DATE ISSUED

Life Insurance Policy

LOCATION OF DOCUMENTS		
COMPANY		
POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
POLICY OWNER	INSURED	
PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE

Life Insurance Policy (additional)

LOCATION OF DOCUMENTS		
COMPANY		
POLICY NUMBER	DATE ISSUED	ANNUAL PREMIUM
POLICY OWNER	INSURED	
PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE

Final Needs Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER		DATE ISSUED	ANNUAL PREMIUM
POLICY OWNER		INSURED	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE	

Long-Term Care Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER		DATE ISSUED	ANNUAL PREMIUM
POLICY OWNER		INSURED	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE	

Disability Insurance

LOCATION OF DOCUMENTS

COMPANY

POLICY NUMBER		DATE ISSUED	ANNUAL PREMIUM
POLICY OWNER		INSURED	
DEATH BENEFIT	CASH SURRENDER VALUE	TYPE	

Legal

Legal Services Provider

LEGAL SERVICES PROVIDER	COMPANY PHONE
COMPANY WEBSITE	MEMBER ID
ATTORNEY NAME	ATTORNEY PHONE

Power of Attorney Information

LOCATION OF DOCUMENTS

AGENT	PHONE
AGENT	PHONE

Living Trust Information

LOCATION OF DOCUMENTS

AGENT	PHONE
AGENT	PHONE

Guardianship/Conservatorship Information

LOCATION OF DOCUMENTS

GUARDIAN/CONSERVATOR

ADDRESS

CITY	STATE	ZIP
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PHONE NUMBER

GUARDIAN/CONSERVATOR (ADDITIONAL)

ADDRESS

CITY	STATE	ZIP
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PHONE NUMBER

Living Will Information

LOCATION OF DOCUMENTS

Will Information

LOCATION OF DOCUMENTS

EXECUTOR	PHONE
CO-EXECUTOR	PHONE

BENEFICIARY NAME

ADDRESS

CITY	STATE	ZIP
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PHONE NUMBER

BENEFICIARY NAME (ADDITIONAL)

ADDRESS

CITY	STATE	ZIP
------	-------	-----

PHONE NUMBER

BENEFICIARY NAME (ADDITIONAL)

ADDRESS

CITY	STATE	ZIP
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PHONE NUMBER

Executor Information

NAME

ADDRESS

CITY	STATE	ZIP
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PHONE NUMBER

Supplemental Information

Divorce Information

FORMER SPOUSE'S NAME (INCLUDING MAIDEN NAME)		PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NUMBER	
DIVORCE DOCUMENTS		
<input type="checkbox"/> DECREE	LOCATION:	
<input type="checkbox"/> OTHER	LOCATION:	
<input type="checkbox"/> OTHER	LOCATION:	
<input type="checkbox"/> OTHER	LOCATION:	

Divorce Attorney's Name

NAME	PHONE NUMBER
ADDRESS	
CITY	STATE ZIP

Military

BRANCH	RANK
SERVICE NUMBER	DATES OF SERVICE DATE OF DISCHARGE
LOCATION OF DOCUMENTS	

Social Media

<input type="checkbox"/> FACEBOOK	USERNAME:	PASSWORD:
<input type="checkbox"/> TWITTER	USERNAME:	PASSWORD:
<input type="checkbox"/> LINKEDIN	USERNAME:	PASSWORD:
<input type="checkbox"/> GOOGLE+	USERNAME:	PASSWORD:
<input type="checkbox"/> INSTAGRAM	USERNAME:	PASSWORD:
<input type="checkbox"/> OTHER	USERNAME:	PASSWORD:
<input type="checkbox"/> OTHER	USERNAME:	PASSWORD:

Online Accounts

<input type="checkbox"/> CELL PHONE	USERNAME:	PASSWORD:
<input type="checkbox"/> CREDIT CARD	USERNAME:	PASSWORD:
<input type="checkbox"/> BANK	USERNAME:	PASSWORD:
<input type="checkbox"/> UTILITIES	USERNAME:	PASSWORD:
<input type="checkbox"/> OTHER	USERNAME:	PASSWORD:
<input type="checkbox"/> OTHER	USERNAME:	PASSWORD:
<input type="checkbox"/> OTHER	USERNAME:	PASSWORD:



Employment

PRESENT EMPLOYER	PHONE NUMBER
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ADDRESS

CITY	STATE	ZIP
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DATES OF EMPLOYMENT

DIRECT SUPERVISOR	PHONE NUMBER
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HR CONTACT	PHONE NUMBER
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EMPLOYMENT BENEFITS

<input type="checkbox"/> MEDICAL	LOCATION/POLICY OR ACCOUNT NUMBER:
<input type="checkbox"/> LIFE	LOCATION/POLICY OR ACCOUNT NUMBER:
<input type="checkbox"/> 401K	LOCATION/POLICY OR ACCOUNT NUMBER:
<input type="checkbox"/> STOCK	LOCATION/POLICY OR ACCOUNT NUMBER:
<input type="checkbox"/> PENSION	LOCATION/POLICY OR ACCOUNT NUMBER:
<input type="checkbox"/> PROFIT SHARING	LOCATION/POLICY OR ACCOUNT NUMBER:
<input type="checkbox"/> DENTAL	LOCATION/POLICY OR ACCOUNT NUMBER:
<input type="checkbox"/> VISION	LOCATION/POLICY OR ACCOUNT NUMBER:
<input type="checkbox"/> LEGAL	LOCATION/POLICY OR ACCOUNT NUMBER:
<input type="checkbox"/> OTHER	LOCATION/POLICY OR ACCOUNT NUMBER:

Assets

AUTOMOBILE

MAKE	MODEL	YEAR
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TITLE	LOCATION
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TITLE	LOCATION
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AUTOMOBILE (ADDITIONAL)

MAKE	MODEL	YEAR
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TITLE	LOCATION
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TITLE	LOCATION
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<input type="checkbox"/> BOAT	LOAN/TITLE/LOCATION:
<input type="checkbox"/> RV	LOAN/TITLE/LOCATION:
<input type="checkbox"/> TRAILER	LOAN/TITLE/LOCATION:
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION:
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION:
<input type="checkbox"/> OTHER	LOAN/TITLE/LOCATION:



Business	
TYPE OF BUSINESS	TYPE OF OWNERSHIP
AMOUNT OF OWNERSHIP	ESTIMATED VALUE
BUSINESS CONTACT 1	PHONE NUMBER
BUSINESS CONTACT 2	PHONE NUMBER
ADDITIONAL BUISNESS DOCUMENTS	
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:
<input type="checkbox"/>	LOCATION:

Pre-Planning of Funeral and Burial Arrangements

Funeral and Burial Arrangements

CEMETARY/COLUMBARIUM/NICHE NAME	LOT NUMBER	PHONE NUMBER
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ADDRESS

CITY	STATE	ZIP
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FUNERAL HOME NAME	FUNERAL DIRECTOR NAME
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ADDRESS

CITY	STATE	ZIP
------	-------	-----

CHURCH/SYNAGOGUE/OTHER NAME	CONTACT	PHONE NUMBER
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ADDRESS

CITY	STATE	ZIP
------	-------	-----

IMPORTANT DOCUMENTS

<input type="checkbox"/> ORGAN DONOR RECORDS	LOCATION:
<input type="checkbox"/> INSTRUCTIONS FOR BURIAL, CREMATION, ETC	LOCATION:
<input type="checkbox"/> SPECIAL WISHES FOR CEREMONY	LOCATION:
<input type="checkbox"/> PREPAID FUNERAL POLICY	LOCATION:

PERSONAL FRIENDS TO CONTACT (OR ATTACH LIST)

NAME	PHONE NUMBER
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ADDRESS

CITY	STATE	ZIP
------	-------	-----

NAME	PHONE NUMBER
------	--------------

ADDRESS

CITY	STATE	ZIP
------	-------	-----

NAME	PHONE NUMBER
------	--------------

ADDRESS

CITY	STATE	ZIP
------	-------	-----

VETERANS FUNERAL ARRANGEMENTS

DRAPED FLAG FOLDED FLAG FLAG PRESENTED TO:

TYPE OF EULOGY

RELIGIOUS SERVICE ONLY RELIGIOUS SERVICE AND EULOGY EULOGY ONLY NONE

NAME OF INDIVIDUAL TO PROVIDE EULOGY

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

RELIGIOUS PASSAGES (TO BE READ AT SERVICE)

FLORAL PREFERENCES

FLORAL TYPE: NO FLORAL
 FLORAL COLOR:

MUSIC SELECTION

ORGANIST OTHER MUSIC SELECTION:
 SOLOIST NONE

CLOTHING PREFERENCE

EXISTING CLOTHING DESCRIPTION OF CLOTHING (TYPE AND COLOR):
 NEW CLOTHING NONE

PREFERENCE FOR DISPOSAL OF THE REMAINS

BURIAL OTHER (PLEASE EXPLAIN):
 CREMATION OTHER INSTRUCTIONS (E.G., DISPERSAL OF CREMAINS):
 MAUSOLEUM INTERMENT

TYPE OF CASKET

HARDWOOD (TYPE): OTHER (PLEASE EXPLAIN):
 METAL (TYPE): NOT APPLICABLE
 CREMATION COFFIN

CASKET SPECIFICS

MANUFACTURER OTHER INFORMATION (PLEASE SPECIFY):
 MODEL: NOT APPLICABLE
 CREMATION COFFIN

CASKET PRESENTATION DURING CEREMONY

OPEN (IF POSSIBLE) NOT APPLICABLE
 CLOSED

TYPE OF HEADSTONE

STONE HEADSTONE SAYING:
 FLAT MARKER HEADSTONE PHRASE:
 UPRIGHT

POST-MEMORIAL GATHERING DESIRED

QUIET GATHERING AT FAMILY MEMBER'S HOUSE OTHER (PLEASE SPECIFY):
 LIFE CELEBRATION EVENT: NONE

PROTECT YOUR IDENTITY

Keep this document in a secure location and only allow access to necessary parties.