

Personal Records

A form to help you keep track of your loved one's personal records and other important information.

Personal Records and Important Documents of

(your loved one's name)

Last Will and Testament

Location: _____
Attorney's name/Phone No.: _____

Doctors:

Primary Care-Name/Phone No.: _____

Other Specialists:

Name/Phone No.: _____
Name/Phone No.: _____

Social Security Number:

Contact regarding information and benefits: _____

Insurance Policies:

Location: _____

Name of Ins Co.	Phone No.	Policy No.	Beneficiary	Value

Burial Policy/Funeral Plan.

Location: _____
Contact/Phone No.: _____

Cemetery Property

Ownership certificate location: _____

Birth Certificate

Location: _____
Name on Certificate: _____
Date of Birth: _____
City/County: _____ State: _____
Father's Name: _____
Mother's Name: _____

Marriage License

Location: _____

Wedding: _____ City/County: _____ State _____

Divorce Records

Location: _____
Attorney's Name/Phone: _____

Military Records

Location: _____
Military ID No.: _____ Veterans Benefits/Info.: _____
Military Retirement Benefits (Branch of Military Contact Phone No.): _____

Assets:

Checking, Savings, CD Accounts

	Account Number	Name on Account	Branch Location
Checking			
Checking			
Savings			
Savings			
CDs			

Safe Deposit Box

Location: _____
Key Location: _____
Contents: _____

Retirement, 401(k) and/or IRA Documents

Contact/Phone No.: _____
Contact/Phone No.: _____

Investments—Stocks and Bonds

Location: _____

Deed to House/Other property and Mortgage Info

Location: _____
Mortgage Co. Name/Policy No.: _____
Contact/Phone No.: _____

Automobile Ownership

Title(s) Location: _____

Vehicle ID No.	Year	Make	Model

Other Vehicle (truck, motor home, boat)

Title(s) Location: _____

Vehicle ID No.	Year	Make	Model

Other Assets

Description: _____
Location of Important Documents: _____

Debts

Credit Cards

Location: _____

Credit Card Co.	Name on Account	Account No.	Contact Phone No.

Loans

Type of Loan	Contact Phone No.	Documents Located

Tax Records

Location: _____

Accountant's Name/Phone No.: _____