

# MY PERSONAL INFORMATION RECORD

## *A Guide For My Family*

This Record is designed to assist your family in locating important personal and financial records upon your disability or death. This record is not meant to be all inclusive, but to provide a place to document this information to assist your family. Blank pages can be added to record other information not specified here. **Be sure to inform your trusted family or friends of the location of this log.**

This is the personal information of \_\_\_\_\_

Address \_\_\_\_\_

This was last updated on \_\_\_\_\_



*Prepared by The Peabody TRIAD, 2009*

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**In case of emergency, the following people must be notified:**

**NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_

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**Home phone:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_

**IMPORTANT PROFESSIONAL CONTACTS**

**My Immediate Work Supervisor:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**My Physician:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**My Attorney:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**My Clergy person:** \_\_\_\_\_

**Church/Temple affiliation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**My dentist:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**My accountant/ tax preparer:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**My insurance agent:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**My banker:** \_\_\_\_\_

**Bank name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**My investment broker/ financial planner:** \_\_\_\_\_

**Investment company:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Others:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VEHICLES

**I own a vehicle (make, model, year) :** \_\_\_\_\_

**The title is located at:** \_\_\_\_\_

**Repair records are located at:** \_\_\_\_\_

**My vehicle loan is held by:** \_\_\_\_\_

**My vehicle loan # is:** \_\_\_\_\_

**Personal Documents / Information**

My current address is: \_\_\_\_\_

My post office box # is: \_\_\_\_\_ in town \_\_\_\_\_

My date of birth is: \_\_\_\_\_

My place of birth: \_\_\_\_\_

My birth certificate is located at: \_\_\_\_\_

My social security number is: \_\_\_\_\_

I was married to: \_\_\_\_\_

On: \_\_\_\_\_ Place: \_\_\_\_\_

Address of spouse, if different: \_\_\_\_\_

Children from this marriage: \_\_\_\_\_

I was divorced on: \_\_\_\_\_ In state of: \_\_\_\_\_

Marriage Certificate is located at: \_\_\_\_\_

Divorce decree is located at: \_\_\_\_\_

(additional marriage/divorce information can be added at end of document.)

<u>Children's Names</u>	<u>Date of Birth</u>	<u>Residence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I served in the Armed Forces: \_\_\_\_\_ Branch: \_\_\_\_\_

Service Serial Number: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Discharge Papers are located at: \_\_\_\_\_

I became a naturalized US citizen on: \_\_\_\_\_

My citizenship papers are located at: \_\_\_\_\_

My passport is located at: \_\_\_\_\_

**Relatives Names and Addresses (if deceased, mark accordingly):**

**Mother:** \_\_\_\_\_  
\_\_\_\_\_

**Father:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grandchildren:**

<u>Name</u>	<u>Birthdate</u>	<u>Parents</u>
-------------	------------------	----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**People who have special meaning to me:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL ACCOUNTS AND RECORDS**

**Checking Account#** \_\_\_\_\_ **Bank:** \_\_\_\_\_

**Signatories are:** \_\_\_\_\_

**Checkbook is located at:** \_\_\_\_\_

**Checking Account#** \_\_\_\_\_ **Bank:** \_\_\_\_\_

**Signatories are:** \_\_\_\_\_

**Checkbook is located at:** \_\_\_\_\_

**Savings account #** \_\_\_\_\_ **Bank:** \_\_\_\_\_

**Signatories are:** \_\_\_\_\_

**Passbook is located at:** \_\_\_\_\_

**Savings account #** \_\_\_\_\_ **Bank:** \_\_\_\_\_

**Signatories are:** \_\_\_\_\_

**Passbook is located at:** \_\_\_\_\_

**Certificate of Deposit #:** \_\_\_\_\_ **Bank:** \_\_\_\_\_

**Signatories are:** \_\_\_\_\_

**Certificate is located at;** \_\_\_\_\_

**Certificate of Deposit #:** \_\_\_\_\_ **Bank:** \_\_\_\_\_

**Signatories are:** \_\_\_\_\_

**Certificate is located at;** \_\_\_\_\_

**Safe Deposit Box #:** \_\_\_\_\_ **Bank:** \_\_\_\_\_

**Box is accessible to:** \_\_\_\_\_

**Key is located at:** \_\_\_\_\_



**INVESTMENTS**

**RETIREMENT ACCOUNTS**

1. Custodian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Location of statements/applications: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
\_\_\_\_\_

2. Custodian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Location of statements/applications: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
\_\_\_\_\_

3. Custodian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Location of statements/applications: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
\_\_\_\_\_

**MUTUAL FUNDS**

Investment: \_\_\_\_\_ Value: \_\_\_\_\_  
Location of statements: \_\_\_\_\_

Investment: \_\_\_\_\_ Value: \_\_\_\_\_  
Location of statements: \_\_\_\_\_

Investment: \_\_\_\_\_ Value: \_\_\_\_\_  
Location of statements: \_\_\_\_\_

**STOCKS**

**Company/ Stock Name:** \_\_\_\_\_ **# of shares:** \_\_\_\_\_

**Location of certificates:** \_\_\_\_\_

**Company/ Stock Name:** \_\_\_\_\_ **# of shares:** \_\_\_\_\_

**Location of certificates:** \_\_\_\_\_

**Company/ Stock Name:** \_\_\_\_\_ **# of shares:** \_\_\_\_\_

**Location of certificates:** \_\_\_\_\_

**Company/ Stock Name:** \_\_\_\_\_ **# of shares:** \_\_\_\_\_

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**Location of certificates:** \_\_\_\_\_

**Company/ Stock Name:** \_\_\_\_\_ **# of shares:** \_\_\_\_\_

**Location of certificates:** \_\_\_\_\_

**Company/ Stock Name:** \_\_\_\_\_ **# of shares:** \_\_\_\_\_

**Location of certificates:** \_\_\_\_\_

**BONDS, NOTES AND BILLS**

Issuer: \_\_\_\_\_ Bond # \_\_\_\_\_  
Face Amount: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Location of certificate: \_\_\_\_\_

Issuer: \_\_\_\_\_ Bond # \_\_\_\_\_  
Face Amount: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Location of certificate: \_\_\_\_\_

Issuer: \_\_\_\_\_ Bond # \_\_\_\_\_  
Face Amount: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Location of certificate: \_\_\_\_\_

Issuer: \_\_\_\_\_ Bond # \_\_\_\_\_  
Face Amount: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Location of certificate: \_\_\_\_\_

Issuer: \_\_\_\_\_ Bond # \_\_\_\_\_  
Face Amount: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Maturity Date: \_\_\_\_\_  
Location of certificate: \_\_\_\_\_

**BENEFITS THROUGH EMPLOYER**

**My employer is/ was:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Benefits Division phone #:** \_\_\_\_\_

**I began employment on:** \_\_\_\_\_

**My employment ended on :** \_\_\_\_\_

**The following benefits are provided through my employer (list):**

_____	_____
_____	_____
_____	_____
_____	_____

**Health Insurance Provider:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

**Dental Insurance Provider:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

**Disability Insurance Provider:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**ID# :** \_\_\_\_\_

**Long term care Insurance Provider:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

**All employment files are located at:** \_\_\_\_\_

**INSURANCE COVERAGES/POLICIES (NON-EMPLOYER)**

*(Do not duplicate information from page 10)*

**PERSONAL:**

Health Insurance Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_

ID#: \_\_\_\_\_ Policy located at: \_\_\_\_\_

Dental Insurance Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_

ID#: \_\_\_\_\_ Policy located at: \_\_\_\_\_

Disability Insurance Provider: \_\_\_\_\_

Phone#: \_\_\_\_\_ Policy #: \_\_\_\_\_

ID# : \_\_\_\_\_ Policy located at: \_\_\_\_\_

Long term care Insurance Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_

ID#: \_\_\_\_\_ Policy located at: \_\_\_\_\_

**ADDITIONAL HEALTH INSURANCE COVERAGE**

Provider: \_\_\_\_\_

Phone #: \_\_\_\_\_ Policy # : \_\_\_\_\_

ID #: \_\_\_\_\_ Policy located at: \_\_\_\_\_

Provider: \_\_\_\_\_

Phone #: \_\_\_\_\_ Policy # : \_\_\_\_\_

ID #: \_\_\_\_\_ Policy located at: \_\_\_\_\_

Provider: \_\_\_\_\_

Phone #: \_\_\_\_\_ Policy # : \_\_\_\_\_

ID #: \_\_\_\_\_ Policy located at: \_\_\_\_\_

**LIFE INSURANCE:**

Life insurance policies are located at: \_\_\_\_\_

I have made loans against the following policies: \_\_\_\_\_

\_\_\_\_\_

**OTHER:**

Homeowner's Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy located at: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy located at: \_\_\_\_\_

**PUBLIC BENEFITS**

**I receive the following public benefits:**

\_\_\_\_\_ **Social Security**      **My ID # is** \_\_\_\_\_

\_\_\_\_\_ **SSI**      **My ID # is** \_\_\_\_\_

\_\_\_\_\_ **Food Stamps**      **My ID # is** \_\_\_\_\_

\_\_\_\_\_ **Transitional Asst.**      **My ID # is** \_\_\_\_\_

\_\_\_\_\_ **Mass Health**      **My ID # is** \_\_\_\_\_

\_\_\_\_\_ **Other**      **Please indicate:** \_\_\_\_\_

**CREDIT CARDS/ CHARGE ACCOUNTS**

I have credit cards/ charge accounts with the following companies:

<u>NAME</u>	<u>ACCOUNT #</u>	<u>LOCATION OF STATEMENTS</u>

**TAX RETURNS**

Copies of my tax returns are located at: \_\_\_\_\_

All worksheets and evidence in support of the returns are attached/filed with the returns:

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Worksheets/evidence located at: \_\_\_\_\_

Current receipts, withholding statements are located at: \_\_\_\_\_

My tax preparer is: \_\_\_\_\_

Phone #: \_\_\_\_\_



**REAL ESTATE**

My residence address is: \_\_\_\_\_

I own my residence: \_\_\_\_ yes \_\_\_\_ no

My landlord is: \_\_\_\_\_

Phone #: \_\_\_\_\_

Ownership Title bears the name/s of: \_\_\_\_\_

The mortgage on the property is held by: \_\_\_\_\_

Mortgage payment records are located at: \_\_\_\_\_

Tax records on my residence are located at: \_\_\_\_\_

I own additional real estate at (list addresses):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deeds, mortgage information, tax documents and payment records are located at:

\_\_\_\_\_

**DEBTS/CREDITORS**

The following owe money to me (names, phone numbers): \_\_\_\_\_

\_\_\_\_\_

Exclusive of secured loans, I owe to the following: \_\_\_\_\_

\_\_\_\_\_

Copies of notes, loan agreements and receipts are located at: \_\_\_\_\_

\_\_\_\_\_

Any lawsuits pending? \_\_\_\_ Yes \_\_\_\_ No

Attorney: \_\_\_\_\_

**ADVANCE DIRECTIVES**

**Living Will**

\_\_\_\_\_ I have executed a living will

\_\_\_\_\_ I have not executed a living will

My original, signed living will is located at: \_\_\_\_\_

Copies are located at: \_\_\_\_\_

**Health Care Proxy**

\_\_\_\_\_ I have executed a health care proxy

\_\_\_\_\_ I have not executed a health care proxy

I have named my health care agent: \_\_\_\_\_

My original, signed health care proxy is located at: \_\_\_\_\_

Copies are located at: \_\_\_\_\_

**Durable Power of Attorney**

\_\_\_\_\_ I have executed a Durable Power of Attorney

\_\_\_\_\_ I have not executed a Durable Power of Attorney

I have named my Power of Attorney: \_\_\_\_\_

My original, signed power of attorney is located at: \_\_\_\_\_

Copies are located at: \_\_\_\_\_

**Will**

\_\_\_\_\_ I do have a will

\_\_\_\_\_ I do not have a will

My will is located at: \_\_\_\_\_

The attorney who handled my will is: \_\_\_\_\_

At the law firm of \_\_\_\_\_

Phone #: \_\_\_\_\_

The Executor is: \_\_\_\_\_



**PETS**

\_\_\_\_\_ I do currently have a pet \_\_\_\_\_

(type of pet)

\_\_\_\_\_ I do not currently have a pet

Description of pet: \_\_\_\_\_

My pet's name is: \_\_\_\_\_

My veterinarian is \_\_\_\_\_

Located at: \_\_\_\_\_

In the case of an emergency, the following person/s has agreed to care for my pet:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_