

PERSONAL INFORMATION CHECKLIST

1. IDENTIFYING INFORMATION

- Social Security Card
- Birth Certificate
- Wedding Certificate
- Passport
- Driver's License
- Titles for Property and Vehicles

2. MEDICAL INFORMATION

- Insurance Information
- Allergies/Drug Interactions
- Medical History
- Current Medications
- Living Will

3. FINANCIAL INFORMATION

- Overview of Financial Accounts Held with Account Numbers
- Bank Beneficiary Forms
- Investment Account Information

4. END OF LIFE PLANNING INFORMATION

- Life Insurance Policy Information
- Contact Information for All Beneficiaries
- Contact Information for Family
- Will
- Asset List
- Business Information

PERSONAL INFORMATION CHECKLIST

5. TAXES

- Tax Returns
- W-2's/Tax Forms
- Receipts

6. RECEIPTS AND WARRANTIES

- Receipts for important purchases
- Home Related Receipts (i.e. new A.C. system, septic tank, or other receipts.)
- Product Warranties

7. PROFESSIONAL INFORMATION

- Resume & Cover Letter
- Complete Work History with Dates and Addresses
- Reference List and Letters

8. PERSONAL MEMENTOS

- Certificates & Awards
- Photos of Significance (Thumb Drives, Physical Copies, or other)
- Cards/Letters

CHILDREN'S PERSONAL INFORMATION CHECKLIST

9. IDENTIFYING INFORMATION

- Social Security Card
- Birth Certificate

10. MEDICAL INFORMATION

- Insurance Information
- Allergies/Drug Interactions
- Medical History
- Current Medications
- Living Will

11. PERSONAL MEMENTOS

- Certificates & Awards
- Photos of Significance (Thumb Drives, Physical Copies, or other)
- Cards/Letters

Family Personal Information at a Glance

Name	
Social Security Number	
Date of Birth	
Date of Marriage	
Military Veteran	Yes/No
Life Insurance Policy Information	
Lawyer Contact Information	
Place of Work – Contact Person and Phone Number	

Name	
Social Security Number	
Date of Birth	
Date of Marriage	
Military Veteran	Yes/No
Life Insurance Policy Information	
Lawyer Contact Information	
Place of Work – Contact Person and Phone Number	

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Name	
Social Security Number	
Date of Birth	
Date of Marriage	
Military Veteran	Yes/No
Life Insurance Policy Information	
Lawyer Contact Information	
Place of Work – Contact Person and Phone Number	

Name	
Social Security Number	
Date of Birth	
Date of Marriage	
Military Veteran	Yes/No
Life Insurance Policy Information	
Lawyer Contact Information	
Place of Work – Contact Person and Phone Number	

Medical Information at a Glance

Name	
Social Security Number	
Date of Birth	
Health Insurance Company Name	
Health Insurance Policy Number	
Dental/Vision Insurance Company Name	
Dental Insurance Policy Number	
Known Allergies	
Surgical History	
Health Conditions & Current Medications With Dosages	
Primary Care Physician Name and Contact	
Specialist Name and Contact Information	

Financial Information at a Glance

Name	
Social Security Number	
Date of Birth	
Bank Name	
Bank Account Number	
Account Type	
Bank Name	
Bank Account Number	
Account Type	
Asset Type and Account Information	
Asset Type and Account Information	
Asset Type and Account Information	
Asset Type and Account Information	
Asset Type and Account Information	
Asset Type and Account Information	
Asset Type and Account Information	
Bank Mortgage is held by	

Mortgage Account Number	
Automobile Type and Location of Title	
Automobile Type and Location of Title	
Automobile Type and Location of Title	
Loan Account Information	
Loan Account Information	
Loan Account Information	
Loan Account Information	

Business Accounts and Logins

Account Location	
User Name	
Password	

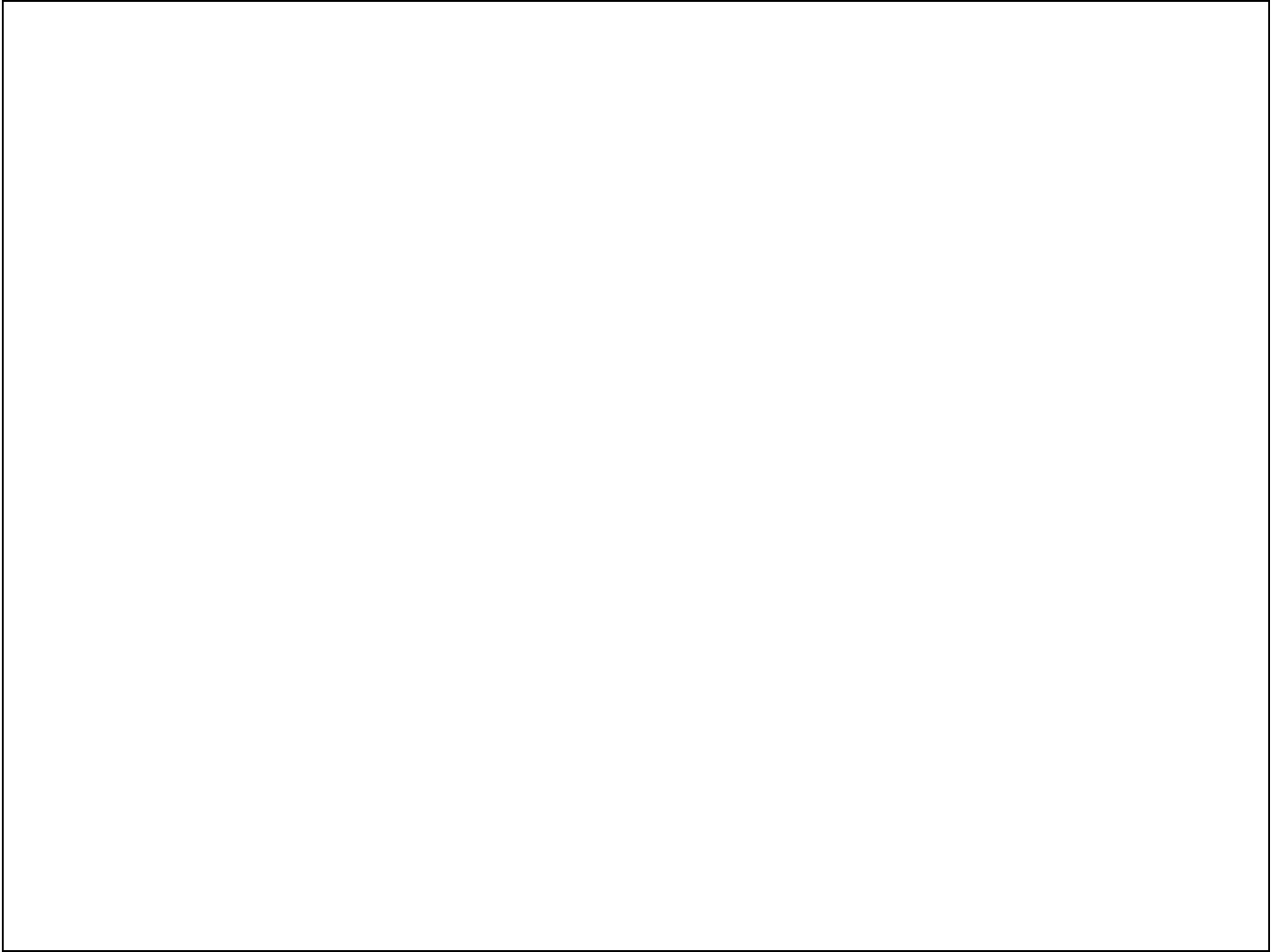
Account Location	
User Name	
Password	

Account Location	
User Name	
Password	

Account Location	
User Name	
Password	

Account Location	
User Name	
Password	

Important Business Notes



Work History

Company Name	
Company Address	
Company Phone Number	
Date Position Began	
Date Position Ended	

Company Name	
Company Address	
Company Phone Number	
Date Position Began	
Date Position Ended	

Company Name	
Company Address	
Company Phone Number	
Date Position Began	
Date Position Ended	

Company Name	
Company Address	
Company Phone Number	
Date Position Began	
Date Position Ended	

Company Name	
Company Address	
Company Phone Number	
Date Position Began	

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