**PERSONAL RECORD**

**Date completed:**

The purpose of the PERSONAL RECORD is designed to provide information a family member or designated friend might need in case of your death or an incapacitating illness. The record should be used as a guide in answering questions relating to the location of records and appropriate information someone will need when functioning on your behalf. This is not a legal document and does not take the place of a will. Although lengthy, you only need to fill out the sections of most importance to you and your family

Let others know where they can find this document in your home or in your electronic files. Email a copy to the executor of your estate or the individual(s) who are to act on your behalf.

Review this document at least every two years. Note: spouses or partners filling out this personal record may wish to complete selected information jointly held on one record; but, reference on the other’s record. Copies of this document are available in Word and pdf format and can be freely distributed to other family members and friends for their personal use.

**FULL NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle (Maiden) Last

**BIRTH DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PLACE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Month/ Day/ Year City State (Country)

**MARITAL STATUS:** ❏ Married ❏ Never Married ❏ Widowed ❏ Divorced ❏ Other

**SPOUSE/PARTNER** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**DATE/YEAR YOU WERE MARRIED** \_\_\_\_\_\_\_\_\_\_\_\_**CITY/STATE** \_\_ \_ \_\_\_\_ \_\_\_\_\_

**EDUCATION**

**High School attended:** \_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_,

City, State:

Year Graduated:

**Advanced Education:** (list college/university/technical school attended, degree, year of graduation

**WERE YOU EVER IN THE U.S. MILITARY?** Yes ❏ No ❏ Branch:

Military Rank/Honors received:

**Special recognitions received during school years:** (athletic, academic awards, fraternities, sororities, honor societies, clubs, organizations, etc.)

**Work History** (List most recent employer and/or describe the kind(s) of work done during your career.

**Fraternal Organizations or other interests/groups** in which you have/are a participant that may need to be contacted.

**Church Membership/Affiliation**

For my pastoral care, please contact:

Church: Phone #:

Pastor: Cell phone #:

**MY FAMILY**

**FATHER’S NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**Date of Birth:** **Date of Death:**

**Contact Information:**

If deceased, list cemetery or any helpful information on interment

**MOTHER’S NAME \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Maiden Name

**Date of Birth:** **Date of Death:**

**Contact Information:**

If deceased, list cemetery or any helpful information on interment

**NAMES OF MY CHILDREN Date of Birth**

For adult children you may wish to also list grandchildren, spouses, and any appropriate contact information.

Legal guardian for my children:

Contact information for legal guardian:

**NAMES OF BROTHERS/SISTERS Date of Birth \*Date of Death**

For adult siblings you may wish to include any appropriate contact information.

\*If deceased, list cemetery and any helpful information on interment

Yes ❏ No ❏ I have genealogy records on the family.

Location of records:

**MY MEDICAL RECORDS**

**My Primary Care Physician: Phone:**

List below other physicians whom you see such as cardiologist, urologist, OB/GYN, chiropractor, surgeon. You may wish to print this section and carry in your wallet or purse.

|  |  |
| --- | --- |
|  |  |

**Physician: Phone:**

**Under care for:**

**Physician: Phone:**

**Under care for:**

**Physician: Phone:**

**Under care for:**

**Physician: Phone:**

**Under care for:**

**Physician: Phone:**

**Under care for:**

**Medications**

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Dosage | Frequency | Prescribing Doctor |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Preferred Pharmacy:**

**Allergies/Reactions**

**Medical conditions** that a first responder/emergency room may need to know.

**WHERE MY ASSETS ARE**

Note: Some records may be electronically filed under password protection.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Safe Deposit**  **Box** | **Home: specify exact location** | **Other: specify** |
| My will (original) |  |  |  |
| Partner/Spouse’s will (original) |  |  |  |
| Power of attorney |  |  |  |
| Living will/Adv. Care Directive |  |  |  |
| Health Care Rep. form |  |  |  |
| Life insurance policy |  |  |  |
| Health insurance policy |  |  |  |
| Homeowners policy |  |  |  |
| Car insurance policy |  |  |  |
| Long term care insurance policy |  |  |  |
| Business records |  |  |  |
| Savings and checking records |  |  |  |
| Employment contracts |  |  |  |
| Brokerage account records |  |  |  |
| Retirement plan |  |  |  |
| Deferred compensation/IRAs |  |  |  |
| Titles and deeds (car, home) |  |  |  |
| Notes/mortgages/loans |  |  |  |
| Birth certificate |  |  |  |
| Death certificates of others (your parents, spouse.) |  |  |  |
| Military discharge papers |  |  |  |
| Marriage certificate |  |  |  |
| Divorce/separation papers |  |  |  |
| **Item** | **Safe Deposit**  **Box** | **Home: specify exact location** | **Other: specify** |
| Birth certificates for children; other family members |  |  |  |
| Child custody papers  Adoption papers |  |  |  |
| List of loaned or stored items |  |  |  |
| Passport |  |  |  |
| Lists of passwords, passcodes |  |  |  |
| Social Security card |  |  |  |
| List of credit cards |  |  |  |
| Extra keys to house, cars, other |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Attorney:** Phone:

**Accountant:** Phone:

**Financial Advisor:** Phone:

**Insurance Agent:** Phone:

**Long Term Care Insurance Contact** Phone:

**Tax Preparer:** Phone:

**Pension/Retirement Plan:** Phone:

**MY PERSONAL ASSETS**

**Real Property**

|  |  |  |
| --- | --- | --- |
| **Address/Legal Description** | **Type Property** (home, rental, farmland, vacation home) | **Location of deed/loan or mortgage/property tax info** |
|  |  |  |
|  |  |  |
|  |  |  |

**Bank Accounts Bank Name:**

|  |  |  |
| --- | --- | --- |
| **Type of Account** | **Account #** | **Branch** |
|  |  |  |
|  |  |  |
|  |  |  |

Persons who have access to my bank accounts:

**Safe Deposit Box**

|  |  |  |
| --- | --- | --- |
| **Location** | **Box Number** | **Who can access** |
|  |  |  |
|  |  |  |

**Cars/Trucks/RV/Trailers/ other titled vehicles**

|  |  |  |
| --- | --- | --- |
| **Vehicle** | **Location of Registration** | **Location of Title/Loan info** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Liabilities**

List any outstanding creditors, personal loans, and any information regarding payments that should be made on your behalf. Note: Electronic payments are common for routine payments of utilities, mortgages, etc. In case of short-term disability, it might be important to ensure someone is continuing to make payments of your bills.

Credit Cards

Online Internet Accounts that might need to be closed (Amazon, etc.)

Electronic Bill Payments

**Financial Assets (stocks, bonds, mutual funds, CDs, etc.)**

**List broker/financial advisor/financial institution and contact information**

Person designated to make decisions on my behalf:

**Location of my tax records and previous filings.**

Identify any outstanding disputes with any taxing district (IRS, state Dept of Revenue, County property tax assessments, etc.

**Insurance Assets (health, life insurance, annuities, disability, long term care)**

|  |  |  |
| --- | --- | --- |
| **Type of Insurance**  (personal, business, group) | **Company and Policy #** | **Beneficiary(beneficiaries)**  **Amount of Benefit** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other information that might be useful to know about me**

**Passcodes and Passwords for Internet, email, cell phones, computers**

(where to find separate list or access password if stored electronically)

**PETS**

|  |  |  |
| --- | --- | --- |
| **Name** | **Food** | **Medical Needs/Care Notes** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Veterinarian:

Contact information for pet sitter or individual charged with either short-term or long-term care of your pet.

**Other information to ensure your pet(s) is properly cared for:**

**My Personal Property (List family heirlooms or items of special significance to ensure distribution according to your wishes)** This list may need to be accompanied with pictures or other forms of identification; location of item—especially if in storage, etc.

|  |  |  |
| --- | --- | --- |
| **Item** | **Special information about this item esp. if heirloom** | **To be given to:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**To think about and discuss with your loved ones:**

**Who should I ask to be my Health Care Representative?**

**Who should I ask to be my Power of Attorney?**

**Who should act as Executor for my/our estate?**

**How much artificial life support do I wish to sustain my life which is stated in my Living Will/Advanced Health Care Directive?**

**My wishes concerning organ donations:**

**Copies of this form given to:**

\Dropbox\Session Folder\2020\Singles and Seniors\Navigating Lifes Passages--Personal Record.docx