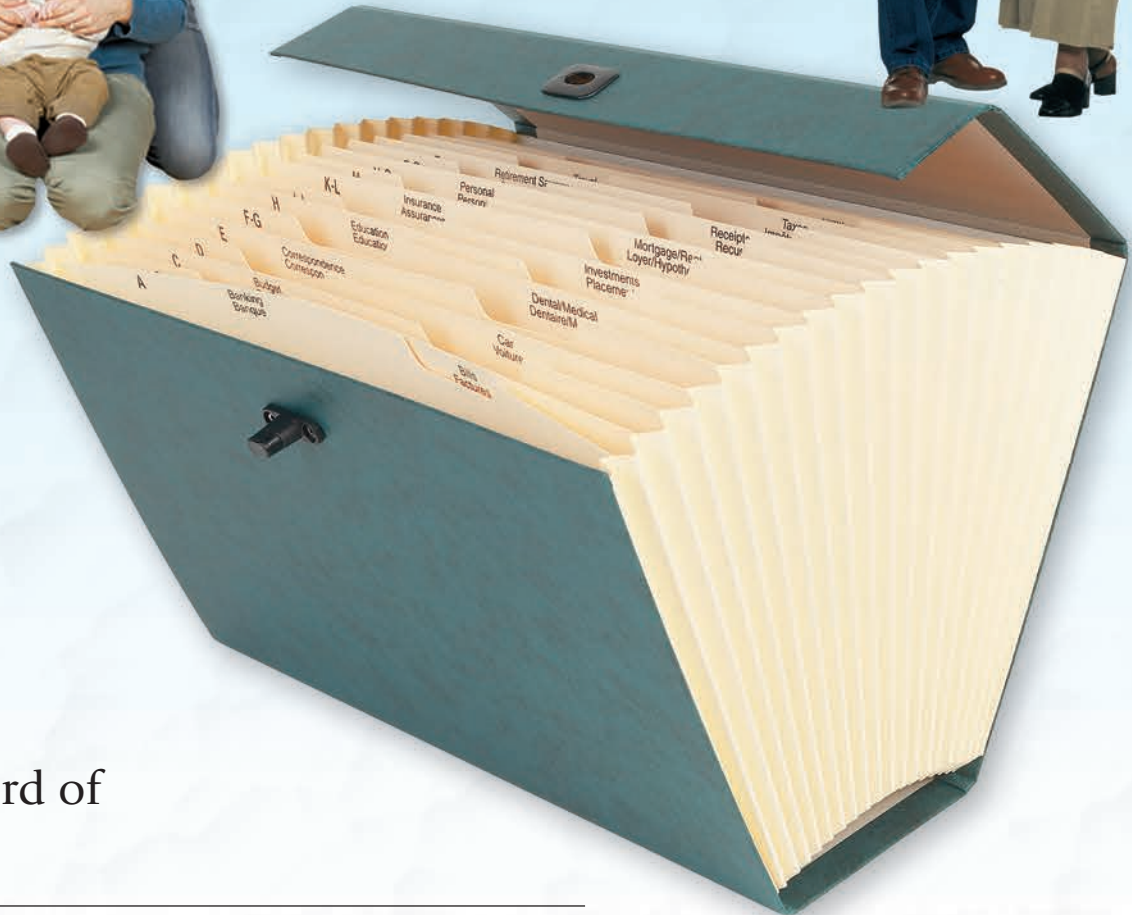


# PERSONAL AFFAIRS RECORD



Record of

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# PERSONAL INFORMATION

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Current Home Address \_\_\_\_\_

*Home Telephone*

*Work Telephone*

*Supervisor's Telephone*

Prior or Permanent Address \_\_\_\_\_

Marital Status:     Married     Divorced     Widowed     Single     Separated

Date and Place of Marriage \_\_\_\_\_

Name of Spouse \_\_\_\_\_

**(Please complete if different than above)**

Current Home Address \_\_\_\_\_

Telephone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Work Telephone \_\_\_\_\_

Name of Former Spouse \_\_\_\_\_

Current Home Address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Date & Place of Marriage \_\_\_\_\_

Date & Place of Divorce \_\_\_\_\_

## REGISTRY OF CHILDREN

<i>Given Name</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>SSN</i>	<i>Address</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Current as of:** \_\_\_\_\_

# PERSONAL INFORMATION - SPOUSE

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Current Home Address \_\_\_\_\_

*Home Telephone*

*Work Telephone*

*Supervisor's Telephone*

Prior or Permanent Address \_\_\_\_\_

Marital Status:     Married     Divorced     Widowed     Single     Separated

Date and Place of Marriage \_\_\_\_\_

Name of Spouse \_\_\_\_\_

**(Please complete if different than above)**

Current Home Address \_\_\_\_\_

Telephone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Work Telephone \_\_\_\_\_

Name of Former Spouse \_\_\_\_\_

Current Home Address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Date & Place of Marriage \_\_\_\_\_

Date & Place of Divorce \_\_\_\_\_

## REGISTRY OF CHILDREN

*Given Name*

*Date of Birth*

*Place of Birth*

*SSN*

*Address*

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

**Current as of:** \_\_\_\_\_

# FAMILY REGISTRY

## GRANDCHILDREN

<i>Name</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>SSN</i>	<i>Their Parents</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## HUSBAND'S FAMILY

Name of Father \_\_\_\_\_ SSN \_\_\_\_\_  
Current Home Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Work Telephone \_\_\_\_\_

Name of Mother \_\_\_\_\_ SSN \_\_\_\_\_  
Current Home Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Work Telephone \_\_\_\_\_

## REGISTRY OF BROTHERS AND SISTERS

<i>Given Name</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>Address</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## WIFE'S FAMILY

Name of Father \_\_\_\_\_ SSN \_\_\_\_\_  
Current Home Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Work Telephone \_\_\_\_\_

Name of Mother \_\_\_\_\_ SSN \_\_\_\_\_  
Current Home Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Work Telephone \_\_\_\_\_

## REGISTRY OF BROTHERS AND SISTERS

<i>Given Name</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>Address</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If any of the above family members are deceased, please indicate date of death next to name.**

**Current as of:** \_\_\_\_\_

# IN CASE OF EMERGENCY THESE PEOPLE MUST BE NOTIFIED

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Current as of:** \_\_\_\_\_

# IMPORTANT BUSINESS AND PERSONAL CONTACTS TO BE NOTIFIED

Immediate Supervisor \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Spouse's Supervisor \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_  
Address \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Clergy \_\_\_\_\_  
Address \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Attorney \_\_\_\_\_  
Address \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Dentist \_\_\_\_\_  
Address \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Accountant \_\_\_\_\_  
Address \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Insurance Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Banker \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Office Phone \_\_\_\_\_

Broker \_\_\_\_\_  
Investment Co. \_\_\_\_\_  
Address \_\_\_\_\_  
Office Phone \_\_\_\_\_

Other \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Current as of:** \_\_\_\_\_

# PERSONAL FINANCE INFORMATION

Bank \_\_\_\_\_  
Checking Account No. \_\_\_\_\_ Is Account Joint?  Yes  No  
Savings Account No. \_\_\_\_\_ Is Account Joint?  Yes  No

Bank \_\_\_\_\_  
Checking Account No. \_\_\_\_\_ Is Account Joint?  Yes  No  
Savings Account No. \_\_\_\_\_ Is Account Joint?  Yes  No

Bank \_\_\_\_\_  
Checking Account No. \_\_\_\_\_ Is Account Joint?  Yes  No  
Savings Account No. \_\_\_\_\_ Is Account Joint?  Yes  No

Certificate of Deposit \_\_\_\_\_ Bank \_\_\_\_\_  
Certificate is kept at \_\_\_\_\_

Certificate of Deposit \_\_\_\_\_ Bank \_\_\_\_\_  
Certificate is kept at \_\_\_\_\_

Certificate of Deposit \_\_\_\_\_ Bank \_\_\_\_\_  
Certificate is kept at \_\_\_\_\_

Certificate of Deposit \_\_\_\_\_ Bank \_\_\_\_\_  
Certificate is kept at \_\_\_\_\_

Safe Deposit Box Number \_\_\_\_\_ Bank \_\_\_\_\_  
Address of Bank/Branch \_\_\_\_\_  
Safe Deposit Box is accessible by \_\_\_\_\_  
Key is kept at \_\_\_\_\_

DD214 - Record of Military Service is located at \_\_\_\_\_

Investment/Stock Portfolio is located at \_\_\_\_\_  
Bond Portfolio is located at \_\_\_\_\_

IRA Certificate and File are located at \_\_\_\_\_  
401K Retirement File is located at \_\_\_\_\_

## DEBIT/CREDIT CARD ACCOUNTS

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Issued by \_\_\_\_\_ Is Account Balance Insured?  Yes  No

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Issued by \_\_\_\_\_ Is Account Balance Insured?  Yes  No

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Issued by \_\_\_\_\_ Is Account Balance Insured?  Yes  No

**Current as of:** \_\_\_\_\_

# REAL ESTATE

We/I own the property located at \_\_\_\_\_

Mortgage on the property is held by \_\_\_\_\_

Address \_\_\_\_\_

Monthly Payments \_\_\_\_\_ Balance of Loan \_\_\_\_\_

Value of Property \_\_\_\_\_

Homeowners Insurance Held by \_\_\_\_\_

Homeowners Insurance Policy is located at \_\_\_\_\_

Mortgage Insurance if any \_\_\_\_\_

Mortgage Insurance Policy located at \_\_\_\_\_

We/I own other real estate at (List addresses and same info as above) \_\_\_\_\_

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

Deeds, tax documents and pay records are located at \_\_\_\_\_

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

## AUTOMOBILE AND AUTO INSURANCE

<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Registered To</i>	<i>Status of Ownership</i>
-------------	--------------	-------------	----------------------	----------------------------

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

## TRAILERS AND OTHER MOTOR VEHICLES

<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Registered To</i>	<i>Status of Ownership</i>
-------------	--------------	-------------	----------------------	----------------------------

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

## OTHER IMPORTANT INFORMATION

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

**Current as of:** \_\_\_\_\_



# A SUMMARY OF MY EMPLOYEE BENEFITS

## HEALTH INSURANCE

I have Self insurance only  Yes  No  
Family  Yes  No  
Coverage with the following health plan \_\_\_\_\_

This is a federal plan  Yes  No  
I/We have additional coverage under my spouse's health plan  Yes  No  
That plan is \_\_\_\_\_ And is provided by \_\_\_\_\_

## LIFE INSURANCE (1)

I have Life Insurance in the amount of \$ \_\_\_\_\_  
Agent \_\_\_\_\_ Company \_\_\_\_\_ Address \_\_\_\_\_  
I have a designation of beneficiary on file  Yes  No  
The beneficiary name is \_\_\_\_\_  
He/She is aware of this designation  Yes  No

## LIFE INSURANCE (2)

I have Life Insurance in the amount of \$ \_\_\_\_\_  
Agent \_\_\_\_\_ Company \_\_\_\_\_ Address \_\_\_\_\_  
I have a designation of beneficiary on file  Yes  No  
The beneficiary name is \_\_\_\_\_  
He/She is aware of this designation  Yes  No  
  
I am enrolled in other employee sponsored supplemental insurance plans  Yes  No  
Plan Names \_\_\_\_\_

## LEAVE BALANCES/LEAVE PROGRAMS

As of (date) \_\_\_\_\_ Hours of annual leave \_\_\_\_\_ Hours of sick leave \_\_\_\_\_  
I am a member of a Medical Leave Sharing Program  Yes  No  
The beneficiary named is \_\_\_\_\_  
He/She is aware of this designation  Yes  No

## INVESTMENT PLANS

I am a member of credit union, etc.  Yes  No If yes, current balance \_\_\_\_\_  
I have a designation of beneficiary on file  Yes  No  
The beneficiary named is \_\_\_\_\_  
He/She is aware of this designation  Yes  No  
  
I am a member of another employee investment plan  Yes  No  
I have a designation of beneficiary on file  Yes  No  
The beneficiary named is \_\_\_\_\_  
He/She is aware of this designation  Yes  No

Current as of: \_\_\_\_\_



# FINAL WISHES

Name \_\_\_\_\_

Church Preference \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Clergy \_\_\_\_\_ Phone \_\_\_\_\_

Funeral Home Preference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I have a Pre-Paid Burial Plan  Yes  No

I would prefer to have funeral services held at:

Funeral Home:  Yes  No

*Name of Funeral Home*

*Address*

*Phone*

\_\_\_\_\_

Church:  Yes  No

*Name of Church*

*Address*

*Phone*

\_\_\_\_\_

I prefer:  Internment  Entombment  Cremation  Other

My choice of cemetery is \_\_\_\_\_

I have purchased a lot  Yes  No

The lot is in the name of \_\_\_\_\_

Location of deed for lot \_\_\_\_\_

I would like to have the following persons act as pallbearers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If cremated, what do you wish done with your ashes? \_\_\_\_\_

\_\_\_\_\_

Would you want an obituary published?  Yes  No

Please list the following in my obituary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am entitled to veterans benefits  Yes  No

I am entitled to military honors  Yes  No

Musical Selections \_\_\_\_\_

\_\_\_\_\_

Special Requests for Service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current as of:** \_\_\_\_\_

# FINAL WISHES – SPOUSE

Name \_\_\_\_\_  
Church Preference \_\_\_\_\_ Religious Affiliation \_\_\_\_\_  
Clergy \_\_\_\_\_ Phone \_\_\_\_\_  
Funeral Home Preference \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

I have a Pre-Paid Burial Plan  Yes  No

I would prefer to have funeral services held at:

Funeral Home:  Yes  No  
*Name of Funeral Home* *Address* *Phone*  
\_\_\_\_\_

Church:  Yes  No  
*Name of Church* *Address* *Phone*  
\_\_\_\_\_

I prefer:  Internment  Entombment  Cremation  Other

My choice of cemetery is \_\_\_\_\_  
I have purchased a lot  Yes  No  
The lot is in the name of \_\_\_\_\_  
Location of deed for lot \_\_\_\_\_

I would like to have the following persons act as pallbearers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If cremated, what do you wish done with your ashes? \_\_\_\_\_  
\_\_\_\_\_

Would you want an obituary published?  Yes  No

Please list the following in my obituary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am entitled to veterans benefits  Yes  No  
I am entitled to military honors  Yes  No

Musical Selections \_\_\_\_\_  
\_\_\_\_\_

Special Requests for Service \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current as of:** \_\_\_\_\_

# TRUSTS AND POWERS OF ATTORNEY

An attorney can best advise you if you need to execute a Will. While it is possible to do Wills using various software packages, it is not advisable to do so without having it reviewed by an attorney. Even copying an old Will could be a problem, if you have changed your home of record or have any changes in your family or your assets. You should also rely on your attorney to advise you regarding a power of attorney. While many can be done without the use of an attorney, again the money is well spent if it ensures you and your family that your affairs are in order.

I have a Will that is located at \_\_\_\_\_

The attorney who handled my Will is \_\_\_\_\_

At the Law Firm of \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

My last Will is dated \_\_\_\_\_

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

Legal Guardianship Documents are located at \_\_\_\_\_

## TRUST FUNDS

You may wish to seek the advice of your attorney and investment counselor to determine if establishing a trust fund would be beneficial. There are many types of trust funds for various purposes and each must be done by an attorney. Just remember that if you are setting up a trust fund and want your employee benefits to be paid into the trust, then you must update your beneficiary forms to reflect this.

## LIVING WILL OR HEALTH CARE POWER OF ATTORNEY

Individuals may also wish to execute a Living Will or Health Care Power of Attorney that instructs family members and physicians what steps they may want taken should they become unable to make health care decisions for themselves. Since copies of these documents may not be accepted by a physician, you should ensure that signed originals should be given to your private physician, your family members and possibly your attorney.

I have NOT executed a "Living Will"  Yes  No

I have executed a "Living Will"  Yes  No

My "Living Will" is located at \_\_\_\_\_

## ORGAN DONATION

\_\_\_\_\_ I DO NOT want any of my organs donated

\_\_\_\_\_ I would like to donate ANY organs needed for transplant

\_\_\_\_\_ I would like to donate only the following organs for transplant/research \_\_\_\_\_

\_\_\_\_\_ I would like to donate my body for research

**Current as of:** \_\_\_\_\_