

In Case of Emergency Binder

(PREPARING FOR THE
UNEXPECTED)



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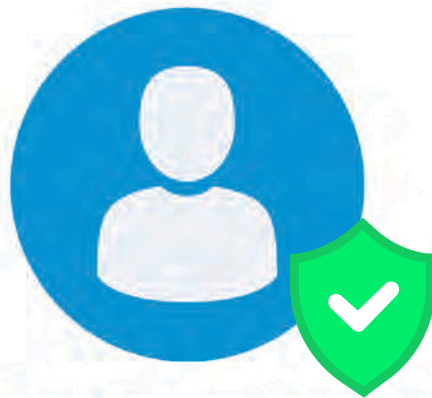
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Personal Information



PERSONAL INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone#: _____

License# : _____ Social Security# : _____

Birthday: _____ Place of Birth: _____

Citizenship: _____

Father's Name: _____

Mother's Name (w/ maiden): _____

IDENTIFYING INFORMATION

Nickname: _____ Blood Type: _____ Height: _____ Weight: _____

Eyes: _____ Hair: _____

Identifying Marks: _____

MARITAL INFORMATION

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widow ☐ Separated

Date of Marriage: _____ Place of Marriage: _____

Full Name of Spouse: _____

Is there a: Pre ☐ nuptial agreement - Divorce agree ☐ ment - Separation agree ☐ ment

If Widowed/Divorced/Separated? Date Occurred: _____

Name(s) of Former Spouses: _____

EMPLOYMENT INFORMATION -CURRENT OR MOST RECENT

Employer: _____ Position: _____

Email: _____ Phone#: _____

Address:- _____

City: _____ State: _____ Zip: _____

PERSONAL INFORMATION

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Work Phone#: _____
License# : _____ Social Security# : _____
Birthday: _____ Place of Birth: _____
Citizenship: _____
Father's Name: _____
Mother's Name (w/ maiden): _____

IDENTIFYING INFORMATION

Nickname: _____ Blood Type: _____ Height: _____ Weight: _____
Eyes: _____ Hair: _____
Identifying Marks: _____

MARITAL INFORMATION

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widow ☐ Separated
Date of Marriage: _____ Place of Marriage: _____
Full Name of Spouse: _____
Is there a: Pre ☐ nuptial agreement - Divorce agree ☐ ment - Separation agree ☐ ment
If Widowed/Divorced/Separated? Date Occurred: _____
Name(s) of Former Spouses: _____

EMPLOYMENT INFORMATION -CURRENT OR MOST RECENT

Employer: _____ Position: _____
Email: _____ Phone#: _____
Address:- _____
City: _____ State: _____ Zip: _____

MINOR CHILDREN

CHILD # 1:

Full Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

License/ID #: _____ Social Security #: _____

Birthday: _____ Place of Birth: _____

Child's Status: ☐ Biological ☐ Adopted - Date _____ Deceased - Date _____

School Name: _____ Phone #: _____

IDENTIFYING INFORMATION

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Blood Type: _____

Identifying Marks: _____

CHILD # 2:

Full Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

License/ID #: _____ Social Security #: _____

Birthday: _____ Place of Birth: _____

Child's Status: ☐ Biological ☐ Adopted - Date _____ Deceased - Date _____

School Name: _____ Phone #: _____

IDENTIFYING INFORMATION

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Blood Type: _____

Identifying Marks: _____

MINOR CHILDREN

CHILD # 1:

Full Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

License/ID #: _____ Social Security #: _____

Birthday: _____ Place of Birth: _____

Child's Status: ☐ Biological ☐ Adopted - Date _____ Deceased - Date _____

School Name: _____ Phone #: _____

IDENTIFYING INFORMATION

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Blood Type: _____

Identifying Marks: _____

CHILD # 2:

Full Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

License/ID #: _____ Social Security #: _____

Birthday: _____ Place of Birth: _____

Child's Status: ☐ Biological ☐ Adopted - Date _____ Deceased - Date _____

School Name: _____ Phone #: _____

IDENTIFYING INFORMATION

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Blood Type: _____

Identifying Marks: _____

PET INFORMATION

Name: _____ Gender: _____

Birth Month/Year: _____ Breed: _____

Microchip # : _____ Registered With: _____

Identifying Marks: _____

License / Tag # _____

VET INFORMATION:

Vet Name: _____

Email: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

HABITS:

Feeding Brand/Amount/Schedule: _____

Behaviors: _____

Sleeping Habits: _____

Favorite Toys: _____

Favorite Treats: _____

Favorite Activity: _____

Favorite Toy: _____

Favorite Place To Visit: _____

Dislikes: _____

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PET INFORMATION

Name: _____ Gender: _____

Birth Month/Year: _____ Breed: _____

Microchip # : _____ Registered With: _____

Identifying Marks: _____

License / Tag # _____

VET INFORMATION:

Vet Name: _____

Email: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

HABITS:

Feeding Brand/Amount/Schedule: _____

Behaviors: _____

Sleeping Habits: _____

Favorite Toys: _____

Favorite Treats: _____

Favorite Activity: _____

Favorite Toy: _____

Favorite Place To Visit: _____

Dislikes: _____



Insurance Information

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HOME INSURANCE

Insured property address: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Insured property address: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Insured property address: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Insured property address: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

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(Copy of policies at end of section)

CAR INSURANCE

Make: _____ Model: _____ Year: _____

VIN: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Make: _____ Model: _____ Year: _____

Vin: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Make: _____ Model: _____ Year: _____

Vin: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

Make: _____ Model: _____ Year: _____

Vin: _____

Agent Name: _____ Agent Phone: _____

Company: _____ Policy #: _____

To make a claim: _____

LIFE INSURANCE

POLICY FOR _____

Company: _____ Benefit \$: _____

Beneficiary: _____

Policy #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

POLICY FOR _____

Company: _____ Benefit \$: _____

Beneficiary: _____

Policy #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

POLICY FOR _____

Company: _____ Benefit \$: _____

Beneficiary: _____

Policy #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

POLICY FOR _____

Company: _____ Benefit \$: _____

Beneficiary: _____

Policy #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

(Copy of policies at end of section)

HEALTH INSURANCE

Insured Person: _____ Company: _____
Member#: _____ Group#: _____
Policy#: _____ Agent _____
Agent Phone: _____ Agent Email: _____
Address: _____
City: _____ State: _____ Zip: _____

COVERAGE INFORMATION

Health: _____
Dental: _____ Vision: _____
RX: _____ Deductibles: _____

(Copy of policies at end of section)

Notes:

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HEALTH INSURANCE

Insured Person: _____ Company: _____
Member#: _____ Group#: _____
Policy#: _____ Agent _____
Agent Phone: _____ Agent Email: _____
Address: _____
City: _____ State: _____ Zip: _____

COVERAGE INFORMATION

Health: _____
Dental: _____ Vision: _____
RX: _____ Deductibles: _____

(Copy of policies at end of section)

Notes:

HEALTH INSURANCE

Insured Person: _____ Company: _____
Member#: _____ Group#: _____
Policy#: _____ Agent _____
Agent Phone: _____ Agent Email: _____
Address: _____
City: _____ State: _____ Zip: _____

COVERAGE INFORMATION

Health: _____
Dental: _____ Vision: _____
RX: _____ Deductibles: _____

(Copy of policies at end of section)

Notes:

HEALTH INSURANCE

Insured Person: _____ Company: _____
Member#: _____ Group#: _____
Policy#: _____ Agent _____
Agent Phone: _____ Agent Email: _____
Address: _____
City: _____ State: _____ Zip: _____

COVERAGE INFORMATION

Health: _____
Dental: _____ Vision: _____
RX: _____ Deductibles: _____

(Copy of policies at end of section)

Notes:

OTHER INSURANCE

Insured: _____ Company: _____

Policy #: _____ Agent: _____

Agent Phone: _____ Agent Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Insured: _____ Company: _____

Policy #: _____ Agent: _____

Agent Phone: _____ Agent Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Insured: _____ Company: _____

Policy #: _____ Agent: _____

Agent Phone: _____ Agent Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Insured: _____ Company: _____

Policy #: _____ Agent: _____

Agent Phone: _____ Agent Email: _____

Address: _____

City: _____ State: _____ Zip: _____

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(Copy of policies at end of section)



Emergency Contacts

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FAMILY & FRIENDS CONTACTS

CONTACT:

Name: _____ Relation: _____
Email: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

CONTACT:

Name: _____ Email: _____ Relation: _____
Address: _____ Phone#: _____
City: _____
_____ State: _____ Zip: _____

CONTACT:

Name: _____ Relation: _____
Email: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

CONTACT:

Name: _____ Relation: _____
Email: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

CONTACT:

Name: _____ Relation: _____
Email: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

MEDICAL CONTACTS

PRIMARY DOCTOR

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

PEDIATRICIAN

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

DENTIST

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

PREFERRED HOSPITAL

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

OTHERS

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

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MEDICAL CONTACTS

PRIMARY DOCTOR

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

PEDIATRICIAN

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

DENTIST

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

PREFERRED HOSPITAL

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

OTHERS

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

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MEDICAL CONTACTS

PRIMARY DOCTOR

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

PEDIATRICIAN

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

DENTIST

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

PREFERRED HOSPITAL

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

OTHERS

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

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MEDICAL CONTACTS

PRIMARY DOCTOR

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

PEDIATRICIAN

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

DENTIST

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

PREFERRED HOSPITAL

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

OTHERS

Name: _____ Phone#: _____
Address: _____
City: _____ State: _____ Zip: _____

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PROFESSIONAL CONTACTS

LAWYER

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

BANKER

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

ACCOUNTANT

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

PROFESSIONAL CONTACTS

LAWYER

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

BANKER

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

ACCOUNTANT

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____



Household Expenses

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HOUSING EXPENSES

MORTGAGE / RENT

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

Notes: _____

MORTGAGE / RENT

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

Notes: _____

MORTGAGE / RENT

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

Notes: _____

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UTILITY EXPENSES

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

UTILITY EXPENSES

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

TYPE _____

DAY OF MONTH DUE

Company: _____

Account: _____ Phone: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

MONTHLY EXPENSES AT A GLANCE

EXPENSE	DUE DATE (DAY OF MONTH)	AMOUNT	AUTO PAY? Y/N

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MONTHLY EXPENSES AT A GLANCE

EXPENSE	DUE DATE (DAY OF MONTH)	AMOUNT	AUTO PAY? Y/N

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Assets & Liabilities

(FINANCIAL INFO)

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BANK ACCOUNTS

BANK#1

Bank Name: _____ Phone: _____

Account Type: _____ Account#: _____

Account Type: _____ Account#: _____

Account Type: _____ Account#: _____

Other Account Login

Website: _____

Username: _____ Password: _____

Debit Card Info

Last 4 digits: _____ Expiry Date: _____ Pin#: _____

Last 4 digits: _____ Expiry Date: _____ Pin#: _____

Last 4 digits: _____ Expiry Date: _____ Pin#: _____

BANK# 2

Bank Name: _____ Phone: _____

Account Type: _____ Account#: _____

Account Type: _____ Account#: _____

Account Type: _____ Account#: _____

Other Account Login

Website: _____

Username: _____ Password: _____

Debit Card Info

Last 4 digits: _____ Expiry Date: _____ Pin#: _____

Last 4 digits: _____ Expiry Date: _____ Pin#: _____

Last 4 digits: _____ Expiry Date: _____ Pin#: _____

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INVESTMENTS ACCOUNTS

INVESTMENT ACCOUNT # 1

Account Type: _____

Custodian: _____ Account #: _____

Advisor: _____ Phone: _____

Website: _____

Username: _____ Password: _____

INVESTMENT ACCOUNT # 2

Account Type: _____

Custodian: _____ Account #: _____

Advisor: _____ Phone: _____

Website: _____

Username: _____ Password: _____

INVESTMENT ACCOUNT # 3

Account Type: _____

Custodian: _____ Account #: _____

Advisor: _____ Phone: _____

Website: _____

Username: _____ Password: _____

INVESTMENT ACCOUNT # 4

Account Type: _____

Custodian: _____ Account #: _____

Advisor: _____ Phone: _____

Website: _____

Username: _____ Password: _____

(Copy of policies at end of section)

HOME AND VALUABLES INVENTORY

[illegible]

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CREDIT CARD INFORMATION

DUE DATE

CREDIT CARD # 1

Card Name: _____

Account#: _____ Minimum Payment: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online -Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD # 1

Card Name: _____

Account#: _____ Minimum Payment: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online -Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD# 3

Card Name: _____

Account#: _____ Minimum Payment: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online -Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD INFORMATION

DUE DATE

CREDIT CARD # 1

Card Name: _____

Account#: _____ Minimum Payment: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online -Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD # 1

Card Name: _____

Account#: _____ Minimum Payment: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online -Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD# 3

Card Name: _____

Account#: _____ Minimum Payment: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online -Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD INFORMATION

DUE DATE

CREDIT CARD # 4

Card Name: _____

Account # : _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD # 5

Card Name: _____

Account # : _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

DUE DATE

CREDIT CARD # 6

Card Name: _____

Account # : _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD INFORMATION

CREDIT CARD # _____

DUE DATE

Card Name: _____

Account # : _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD # _____

DUE DATE

Card Name: _____

Account # : _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD # _____

DUE DATE

Card Name: _____

Account # : _____ Minimum Payment: _____

Benefits/Rewards: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

STUDENT LOAN INFORMATION

STUDENT LOAN # 1

DUE DATE

Loan Holder: _____

Account # : _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

STUDENT LOAN # 2

DUE DATE

Loan Holder: _____

Account # : _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

STUDENT LOAN # 3

DUE DATE

Loan Holder: _____

Account # : _____ Monthly Payment: _____

Interest Rate/Term: _____

Pay via: ☐ Mail ☐ Auto pay ☐ Online - Website _____

Username: _____ Password: _____

Pay Address: _____

City: _____ State: _____ Zip: _____

STORED VALUABLES

SAFETY DEPOSIT BOX 1

Bank Name: _____ Box#: _____

Address: _____

City: _____ State: _____ Zip: _____

Access Info: _____

Contents: _____

SAFETY DEPOSIT BOX 2

Bank Name: _____ Box#: _____

Address: _____

City: _____ State: _____ Zip: _____

Access Info: _____

Contents: _____

STORAGE UNIT 1

Storage Company Info: _____ Unit#: _____

Address: _____

City: _____ State: _____ Zip: _____

Key Access Info: _____

Contents: _____

STORAGE UNIT 2

Storage Company Info: _____ Unit#: _____

Address: _____

City: _____ State: _____ Zip: _____

Key Access Info: _____

Contents: _____

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Username & Password

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CELL PHONE LOG-IN INFORMATION

PHONE # 1

Family member: _____ Passcode: _____

App store username: _____

App store password: _____

Wireless provider: _____ Phone #: _____

PHONE # 2

Family member: _____ Passcode: _____

App store username: _____

App store password: _____

Wireless provider: _____ Phone #: _____

PHONE # 3

Family member: _____ Passcode: _____

App store username: _____

App store password: _____

Wireless provider: _____ Phone #: _____

PHONE # 4

Family member: _____ Passcode: _____

App store username: _____

App store password: _____

Wireless provider: _____ Phone #: _____

PHONE # 5

Family member: _____ Passcode: _____

App store username: _____

App store password: _____

Wireless provider: _____ Phone #: _____

WEBSITE LOG-IN INFORMATION

[illegible]

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SOCIAL MEDIA ACCOUNTS

FAMILY MEMBER _____

ACCOUNT	USERNAME	PASSWORD

FAMILY MEMBER _____

ACCOUNT	USERNAME	PASSWORD

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SOCIAL MEDIA ACCOUNTS

FAMILY MEMBER _____

ACCOUNT	USERNAME	PASSWORD

FAMILY MEMBER _____

ACCOUNT	USERNAME	PASSWORD

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IMPORTANT NUMBERS & COMBINATIONS

HOUSE ENTRY CODES

Front door/gate: _____ Garage: _____

SECURITY SYSTEM:

Company: _____ Code: _____

SAFE

Location _____ Code: _____

COMPUTER

Description: _____ Password: _____

COMPUTER

Description: _____ Password: _____

HOME WI-FI INFO

Wi-fi name _____ Password: _____

OTHER INFO

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

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SECURITY QUESTIONS & ANSWERS

[illegible]

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Medical Information



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MEDICAL SUMMARY

NAME _____

MEDICAL CONDITIONS:

[illegible]

ALLERGIES & REACTIONS

ALLERGY	REACTION	TREATMENT/MEDICATION

MEDICAL SUMMARY (CONT.)

NAME _____

DAILY MEDICATION SCHEDULE

MEDICATION	INDICATION	DOSE	TIME TAKEN/SCHEDULE

HOSPITALIZATIONS & SURGERIES

DATE	DOCTOR/ HOSPITAL	REASON	RESULTS/ OTHER DETAILS

HEALTH INSURANCE DETAILS

PRIMARY INSURANCE

Carrier: _____

Phone # : _____ Email: _____

Website: _____

Username: _____ Password: _____

Plan Type: _____ Plan Name: _____

Deductibles: _____ Out of pocket maximum _____

Member # : _____ Group # : _____

Member Names: _____

Family Members Insured: _____

SECONDARY INSURANCE

Carrier: _____

Phone # : _____ Email: _____

Website: _____

Username: _____ Password: _____

Plan Type: _____ Plan Name: _____

Deductibles: _____ Out of pocket maximum _____

Member # : _____ Group # : _____

Member Names: _____

Family Members Insured: _____

INSURANCE NOTES

VACCINATION RECORD

RECORD FOR: _____ DATE OF BIRTH: _____

VACCINE	TYPES		DATE(S) GIVEN				
Hib							
PCV							
Tethanus, Diphtheria, Portussis							
Polio							
Hepatitis							
MMR							
Varicella							
DTP, DTap, DT							
Rotavirus							
Meningococcol							
HPV							
Flu							
Flu							
Other							

FAMILY MEDICAL HISTORY

FAMILY HISTORY FOR: _____

	MOTHER	FATHER	MATERNAL GRAND- FATHER	PATERNAL GRAND- MOTHER	PATERNAL GRAND- MOTHER	PATERNAL GRAND- FATHER
FIRST NAME						
DECEASED / AGE OF DEATH						
CAUSE OF DEATH (IF APPLICABLE)						
CONDITION						
Alcohol / Drug Abuse						
Allergies						
Type of Allergy						
Asthma / Lung Disease						
Bleeding Disorders						
Cancer						
Type of Cancer						
Diabetes						
Epilepsy						
GI Disorder						
Heart Disease / Condition						
Type of Condition						
High Blood Pressure						
High Cholesterol						
Immune Problems						
Kidney Disease						
Liver Disease						
Mental Illness						
Neurological Disorder						
Others						



End of Life Arrangements

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END OF LIFE DIRECTIVES

FOR FAMILY MEMBER: _____

☐ LAST WILL AND TESTAMENT

Location of document: _____

Executor: _____ Phone #: _____

Prepared by: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

☐ TRUST AGREEMENT

Location of document: _____

Trustee: _____ Phone #: _____

Prepared by: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

☐ HEALTHCARE POWER OF ATTORNEY

Location of document: _____

Person Named: _____ Phone #: _____

Prepared by: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

☐ FINANCIAL POWER OF ATTORNEY

Location of document: _____

Person Named: _____ Phone #: _____

Prepared by: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

OBITUARY INFORMATION

PERSONAL INFORMATION

Full Legal Name: _____ Maiden Name: _____

Date of Birth: _____ State / Country of Birth: _____

SURVIVED BY:

Spouse: _____

Children: _____

Grandchildren: _____

Pets: _____

ACHIEVEMENTS:

AFFILIATES:

OTHER OBITUARY NOTES:

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FUNERAL ARRANGEMENTS

FOR FAMILY MEMBER: _____

PREFERRED FUNERAL HOME

Funeral Home Name: _____

Contact: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

FUNERAL EXPENSES

I have prepaid funeral expenses ☐ YES ☐ NO If yes, how much prepaid? \$ _____

Prepayment Info: _____

FUNERAL POLICY (IF APPLICABLE)

Company: _____

Policy: _____ Phone #: _____

FUNERAL SERVICE PREFERENCES

Religious Affiliation: _____ Service performed by: _____

Songs: _____

Flowers: _____

Readings: _____

Clothes to be worn (If applicable): _____

Other preferences: _____

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**DON'T
FORGET!**

Important Documents

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ACCESS TO DOCUMENTS

DOCUMENT TYPE	DOCUMENT LOCATION
Birth Certificate	
Social Security Cards	
Passports	
Copies of Drivers' Licenses	
Marriage Certificates	
Adoption Papers	
Last Will & Testament	
Living Will	
Trust	
Power of Attorney	
Healthcare Directive	
DNR Orders	
Organ Donor Directives	
Medical Records	
Immunization Records	
Property Deeds	
Cemetery Deeds	
Mortgage Records	
Rental Contracts	
Health Insurance Policy	
Car Insurance Policy	
Home Insurance Policy	
Life Insurance Policy	
Property for Assessments	
Stock Certificates	
Bonds	
Retirement Account Info	

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