Personal Records

A form to help you keep track of your loved one’s personal records and other important information.

Personal Records and Important Documents of

(your loved one’s name)

**Last Will and Testament**
Location: __________________________________________________________
Attorney’s name/Phone No.: __________________________________________

**Doctors:**
Primary Care-Name/Phone No.: ______________________________________

**Other Specialists:**
Name/Phone No.: ___________________________________________________
Name/Phone No.: ___________________________________________________

**Social Security Number:** ___________________________________________
Contact regarding information and benefits: _____________________________

**Insurance Policies:**
Location: __________________________________________________________

<table>
<thead>
<tr>
<th>Name of Ins Co.</th>
<th>Phone No.</th>
<th>Policy No.</th>
<th>Beneficiary</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Burial Policy/Funeral Plan.**
Location: __________________________________________________________
Contact/Phone No.: _________________________________________________

**Cemetery Property**
Ownership certificate location: ______________________________________

**Birth Certificate**
Location: __________________________________________________________
Name on Certificate: _________________________________________________
Date of Birth: _____________________________________________________
City/County: ______________________________ State: __________
Father’s Name: ____________________________________________________
Mother’s Name: ____________________________________________________

**Marriage License**
Location: __________________________________________________________

For additional tools for caregiving or aging, visit www.CaregiversLibrary.org
Wedding: __________________ City/County: __________________________ State ________

**Divorce Records**
Location: ____________________________________________________________
Attorney’s Name/Phone: ________________________________________________

**Military Records**
Location: _______________________________________________________________________
Military ID No.: ______________________ Veterans Benefits/Info.: ______________________
Military Retirement Benefits (Branch of Military Contact Phone No.): ___________________________________________________________________

**Assets:**
**Checking, Savings, CD Accounts**

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Account Number</th>
<th>Name on Account</th>
<th>Branch Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking</td>
<td></td>
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<tr>
<td>Savings</td>
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<td>Savings</td>
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<tr>
<td>CDs</td>
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</tbody>
</table>

**Safe Deposit Box**
Location: ____________________________________________________________
Key Location: ______________________________________________________
Contents: _______________________________________________________________________

**Retirement, 401(k) and/or IRA Documents**
Contact/Phone No.: ______________________________________________________

**Investments—Stocks and Bonds**
Location: _______________________________________________________________________

**Deed to House/Other property and Mortgage Info**
Location: ____________________________________________________________________
Mortgage Co. Name/Policy No.: ________________________________________________
Contact/Phone No.: _______________________________________________________

**Automobile Ownership**
Title(s) Location: _______________________________________________________________________

<table>
<thead>
<tr>
<th>Vehicle ID No.</th>
<th>Year</th>
<th>Make</th>
<th>Model</th>
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<tbody>
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<td></td>
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</table>

**Other Vehicle (truck, motor home, boat)**
Title(s) Location: _______________________________________________________________________

<table>
<thead>
<tr>
<th>Vehicle ID No.</th>
<th>Year</th>
<th>Make</th>
<th>Model</th>
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</thead>
<tbody>
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</table>

**Other Assets**
Description: _______________________________________________________________________
Location of Important Documents: _______________________________________________________________________

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### Debts

#### Credit Cards

<table>
<thead>
<tr>
<th>Credit Card Co.</th>
<th>Name on Account</th>
<th>Account No.</th>
<th>Contact Phone No.</th>
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</thead>
<tbody>
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</tbody>
</table>

#### Loans

<table>
<thead>
<tr>
<th>Type of Loan</th>
<th>Contact Phone No.</th>
<th>Documents Located</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Tax Records

<table>
<thead>
<tr>
<th>Accountant’s Name/Phone No.:</th>
<th></th>
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</thead>
</table>

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