

**You**

**Spouse/Partner**

**Child**

**Child**

**Child**

**Current Address**

**Home Phone**

**Work Phone**

**Cell Phone**

**Email Address**

**Office Phone**

**Office Address**

**Office Contact Name**

**Date of Birth**

**Place of Birth**

**In case of emergency,  
notify:**

Name	Company	Phone	Email	Address	Notes
Accountant					
Financial Planner					
Company HR					
Will Executor					
Attorney					
Physician					
Physician 2					
Pharmacy					
Neighbor					
Babysitter					
Auto Repair					
Electrician					
Plumber					
Veterinarian					
Nearest relatives					
Work contacts					

Who to Pay	How Frequently (Monthly, etc.)	Due Date (e.g., 15th)	Amount	How Typically Paid (auto payments, check)	Address	Phone Number
Rent/Mortgage						
Electric company						
Gas/Oil company						
Water company						
Insurance company						
Loans						
Credit cards						

	<b>You</b>	<b>Spouse/Partner</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>
Allergies					
Dietary Restrictions					
Medical/Surgery					
Treatments (incl. date & diagnosis)					
Medications					

Meeting Location 1

Meeting Location 2

Water shutdown location

Gas shutdown location

Fire extinguisher locations

Smoke detector locations

Emergency food/cash locations

Emergency contact:

Emergency contact phone:

Emergency contact:

Emergency contact phone:

Emergency contact:

Emergency contact phone:

Other emergency notes:

**Service Used**

**Description/Link**

**ID/Username:**

Password hint (that's hard for strangers to guess!)

**Location of backup:**

**How to restore:**

**Location of important files:**

- social security card
- passport
- birth certificate
- will
- medical directives

Policy Holder	Life Insurance	Life Insurance 2	Disability Insurance	Primary Health Insurance	Car Insurance	Home/Renter Insurance
Policy Number						
Policy Amount						
Beneficiaries						
Agent Contact Info						

Notes

	Bank 1	Bank 2
Name		
Type		
Description		
Owners		
Institution		
Contact Info		
Address		
Location of checks/checkbooks:		
Other		



**Investment Acct 1    Investment Acct 2**

Type (e.g., 401K, IRA)  
Name of Institution  
Contact Info  
Location of Information  
Notes  
Other

**Vehicle 1**

Type  
Year  
Make  
Model  
Color  
VIN  
License Plate  
Insurer  
Notes

**Property 1**

Location  
Type  
Date Purchased  
Mortgage Holder  
Est. Value  
Lender Contact Info  
Property Taxes  
Location of Deeds,  
etc  
Notes

Type	Description	Model #	Serial #	Color	Location	Est. Value
Jewelry						
Art						
Collectibles						
Furnishings						
Computers						
Other Electronics						

**Date of Purchase    Notes**

Credit Card 1

Credit Card 2

Credit Card 3

Type

Bank

Name on Card

Customer Service #

Credit limit

Other