

Dear Family:

Because any of us could become disabled or die at any time, it is important to have information that is needed when there is an unexpected medical emergency or death. Some of the items below are required to complete the death certificate, other items are helpful in an emergency.

My full legal name: _____ Date of birth: _____

Mailing address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Place of birth: _____ Citizenship: _____

SS #: _____ Education (highest grade completed) _____

Military Service: _____ Military discharge papers location: _____

Usual or last occupation _____ Pension provider _____

Spouse: _____ Spouse SS#: _____

Former spouses and years of marriage: _____

Location of paperwork regarding marriage dissolution or estate of former spouse: _____

Father's name _____

Mother's maiden name _____

Insurance

Health Insurance Co.: _____ Policy No. _____

Medicare Claim No.: _____ Primary Doctor: _____

Address of doctor: _____ Doctor's Phone: _____

Life insurance company: _____ Policy no.: _____

Other insurance: _____

Disability: I have have not executed a **Durable Power of Attorney for Healthcare**. I have named _____ (Ph: _____) to be my healthcare decision-maker and selected _____ (Ph: _____) as the alternate. A copy of this document can be found: _____

I have have not executed an **Advance Directive (Living Will)**. A copy of this document is located: _____.

I have have not executed a **General and Durable Power of Attorney** naming _____ to act on my behalf regarding my personal and financial affairs. A copy of this document can be found: _____.

In the event of death, have my body picked up by _____
_____. Phone _____ to make these arrangements. Instructions regarding my wishes for mortuary arrangements have been provided to: _____

My wishes are for cremation; burial, entombment. My remains should be: placed in a veterans' cemetery, buried or entombed at: _____ or other _____

I have pre-paid for the following services: _____
The documents regarding this prepayment are located: _____
I am am not an **organ donor** and would like appropriate arrangements made at my death.

Suggestions for hymns, music, rituals at my funeral or memorial service are _____

I suggest that memorial gifts be made to the following: _____

Attorney: Name: _____
Address: _____ Phone: _____
I have have not executed a will dated: _____. The original of this will is located: _____. A copy is at: _____
The person named as **Executor** in the will is: _____
Address _____ phone _____

Bank: Name: _____
Address: _____

Bank 2 Name: _____
Address: _____
Safe deposit box location _____ A key to the box is held by _____
Phone: _____

Additional banks listed on reverse side.

Accountant: Name: _____
Address: _____
Phone: _____
Location of tax returns & records: _____

Investment records are located: _____
Address: _____
Real Estate Owned: Description: _____
Address: _____
Contact Person: _____ Phone: _____
Location of records: _____

Signed: _____ *Date:* _____

Web sites you may find useful: www.fcavbr.org, and www.funerals.org/.