

**AT YOUR FINGERTIPS**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Cell/Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Significant Other: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Significant Other: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Pet Care: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

- No Pets: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Organ Donor: Yes/No \_\_\_\_\_

**MEDICAL INFORMATION**

Primary Physician/Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Additional Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Additional Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Health Insurance Policy#: \_\_\_\_\_

Medicare#: \_\_\_\_\_ Medicaid#: \_\_\_\_\_

Prescription Plan#: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications (Including Over The Counter):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Additional Medical Supports (i.e. walker, cane, oxygen concentrator, insulin injections):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Hearing Aids: Yes/No \_\_\_\_\_ Battery Size: \_\_\_\_\_

Glasses/Contacts: Yes/No \_\_\_\_\_ Dentures: Yes/No \_\_\_\_\_

Implants: Yes/No Location: \_\_\_\_\_

DNR/Medical Directive: Yes/No \_\_\_\_\_ Location: \_\_\_\_\_

Location of Additional Important Information:

DOCUMENT	LOCATION
Will	_____
Birth Certificate	_____
Adoption Papers	_____

**DOCUMENT**

**LOCATION**

Marriage License \_\_\_\_\_

Annulment/Divorce Decree \_\_\_\_\_

Military Discharge (DD214) \_\_\_\_\_

**Titles/Deeds:**

•Primary Residence \_\_\_\_\_

•Vacation Residence \_\_\_\_\_

•Income Properties \_\_\_\_\_

**Financial:**

Checking Account \_\_\_\_\_

Savings Account \_\_\_\_\_

Pension \_\_\_\_\_

Roth IRA/401(k)/403(b) \_\_\_\_\_

**Safe Deposit Box:**

Location: \_\_\_\_\_ Number: \_\_\_\_\_

Where is the Key? \_\_\_\_\_

**Insurance Policies and Numbers:**

•Home \_\_\_\_\_

•Auto \_\_\_\_\_

•Other \_\_\_\_\_

•Life \_\_\_\_\_

**Credit Cards (Card Name and Number):**

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

Mortgage: \_\_\_\_\_

Loans: \_\_\_\_\_  
\_\_\_\_\_

**Burial/Disposition Information:**

\_\_\_\_\_

**Memorial Service Information:**

**Password Information (Company and Password):**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_