

Documents Book

You will need:

- 2 - 3" binder
- Plastic Sheet Protectors
- Dividers
- Copies of Documents

Copies of:

- Birth /death certificates
- Marriage License
- Passports
- Social Security cards
- Immunization records
- Property deeds, plat maps
- Water certificates
- Education graduation certificates
- Military records
- Adoption certificates and info
- Baptismal certificates
- Priesthood advancement certificates
- Medical Permission – may want to notarize signatures
- Medical: Insurance info, disabilities, allergies, doctors etc
- Auto insurance info and contact person
- Home insurance info and contact person
- Life insurance policy info, contact person
- Wills, Trusts, Powers of Attorney (financial & medical)
- ALL financial info – Banks, checking info, savings info, investments, loans, debts, stocks, bonds.... who, where, what , how much
- Credit Card info – who, phone numbers, copy of cards
- Home Inventory – a video or photos would be great
- Back up disks of genealogy information
- Emergency contact list – accountant, lawyer, out of town relatives
- Diagram of property with locations of emergency shut off valves, septic tank and leach lines, electrical panels, etc
- Appraisals and inventory (photos are great) of Artwork, Jewelry, Antiques
- Evacuation Plan for your family – location of flashlights and fire extinguishers, how to exit home, where to meet outside, who to contact, what to do if you aren't together, etc.
- Resumes
- Job / work information
- Funeral: letter of instruction, burial plans, cemetery info, funeral service plans

Extra Items you might want:

- Back up disks from computers
- Negatives for important pictures

IMPORTANT PHONE NUMBERS

NAME/ADDRESS

PHONE #

HOME _____

WORK _____

WORK _____

EMERGENCY-FIRE-POLICE _____

POLICE NON-EMERGENCY _____

DOCTOR _____

DENTIST _____

VET _____

SCHOOL _____

EMPLOYER _____

FRIEND/NEIGHBOR _____

BISHOP'S HOME _____

BISHOP'S OFFICE _____

CHURCH FOYER _____

R.S. PRESIDENT _____

VISIT. TEACHERS _____

HOME TEACHERS _____

PARENTS _____

INS. AGENT _____

DOCUMENT LOCATION DIRECTORY

List the location of all important documents

Bank Records _____

Bills of Sale _____

Birth Certificates _____

Diplomas _____

Family Pictures _____

Genealogy _____

Insurance Policies _____

Marriage Certificate _____

Military Papers _____

Patriarchal Blessing _____

Promissory Notes _____

Property Deeds and Mortgage Papers _____

Safety Deposit Box and Key _____

Social Security Cards _____

Stocks and Bonds _____

Tax Records _____

U. S. Savings Bonds _____

Warranties and Guarantees _____

Vehicle Registrations _____

Wills _____

Copy of Wills _____

Place current
photo here
Record date taken

ADULT REGISTRATION AND IDENTIFICATION SHEET

Name _____ Nickname _____

Date of Birth _____ Social Security # _____

IDENTIFYING MARKS:

Birthmarks (moles/dimples) _____

Scars/Tattoos _____ Glasses/Contacts _____

Skin Tone _____ Language Spoken _____

Voice Tone & Pattern (slow, stutters, etc) _____

Personality pattern (nervous, hyper, etc) _____

Habits (hair pulling, nail biting, etc) _____

FAMILY SITUATION/QUICK MEDICAL REFERENCE

Name & Ages of Children _____

Marital Status _____

Emergency Contact _____

Name, Address, Phone # of Nearest Relative _____

Name, Address, Phone # Doctor _____

Blood Type _____ Allergies _____

X-rays Available ___ Yes ___ No Located Where _____

CLOSEST FRIENDS

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

R. THUMB R. INDEX R. MIDDLE R. RING R. LITTLE

L. THUMB L. INDEX L. MIDDLE L. RING L. LITTLE

CHILD REGISTRATION AND IDENTIFICATION SHEET

Child's Name _____ Nickname _____
Date of Birth _____ Grade _____
School _____ Prior School _____
Social Security # _____

IDENTIFYING MARKS:

Birthmarks (moles/dimples) _____
Scars/Tattoos _____ Glasses/Contacts _____
Skin Tone _____ Language Spoken _____
Voice Tone & Pattern (slow, stutters, etc) _____
Personality pattern (nervous, hyper, etc) _____
Habits (thumb sucking, nail biting) _____

FAMILY SITUATION

Single Parent ___ Yes ___ No Custody Situation _____
Name, Address, Phone # of other parent _____

Name, Address, Phone # of nearest relative _____

Name of Doctor _____ Blood Type _____ Allergies _____
X-rays Available ___ Yes ___ No Braces/Appliances _____

CLOSEST FRIENDS

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

R. THUMB R. INDEX R. MIDDLE R. RING R. LITTLE

L. THUMB L. INDEX L. MIDDLE L. RING L. LITTLE

IMPORTANT PAPERS
QUICK HOUSEHOLD REFERENCE
*A Handy Reference Containing Information on Important
Policies, Documents, and Other Things
Concerning Our Household*

Contents

Important Telephone Numbers

Tab 1

Individual Family Member Information (In Sheet Protectors)

* Birth Certificates * Social Security Cards * Bank Acct. Records
* Immunization Records * Church Records

Child Registration and Identification Sheet (Cri Sheet)

Child Emergency / Medical Forms

Medical Histories

Tab 2

Insurance Quick Directory

Health Insurance and Dental Insurance

Car Insurance and Drivers License Numbers

Property Insurance

Individual Life Insurance

Group Life and Retirement Plan Policies

Veteran Administration Insurance

Social Security Benefits

Social Security Numbers

Travel Insurance

Tab 3

Investments

Bank Accounts

Real Estate

Tab 4

Location Directory

Household Directory

Tab 5

Things That Must Be Done Upon Death

Letter of Instruction

Will

Durable Power of Attorney

Living Will

MEDICAL HISTORY

NAME _____ **BIRTH DATE** _____

BIRTH PLACE _____ **BLOOD TYPE** _____

INSURANCE MEDICAL RECORD NO. _____

DOCTORS, PHONES & ADDRESSES: _____

ALLERGIES, BROKEN BONES, SURGERY: _____

DATES OF SHOTS & IMMUNIZATIONS: _____

ILLNESSES: _____

NOTES: _____

TO WHOM IT MAY CONCERN:

In case of emergency or any medical attention, our child(ren)

Are under the care of _____
_____ [“the guardian(s)”]:

Who have my permission to act as guardians for our child(ren).

In the event of illness, accident or injury, the guardian(s) can have our child(ren) treated or admitted to _____ or any other appropriate medical facility. Our preferred doctor/Medical Group is:

_____ if the child(ren) is (are) in need of medication, treatment ,or emergency operations as advised by the above named doctor or Medical Group (or if they are not available, by such other qualified personnel as may be available), the doctors and health personnel have our permission to administer such medication and treatment as may be warranted under the circumstances.

Our insurance plan administrator is:

Dated: _____
_____ Father

Dated: _____
_____ Mother

INVESTMENTS

List in this section information on:

BANK ACCOUNTS

REAL ESTATE

Use own separate sheets for:

Securities

Savings & Loan accounts

Mutual fund shares

Mortgages

Safety deposit boxes

Investment club shares

Real estate improvements

Savings bonds

Business interests/partnership

BANK ACCOUNTS

Bank _____ **Type of Account** _____

Address _____

Phone No. _____ Bookkeeping Phone _____

Account No. _____ Bank Card No. _____

(Note: Hide Pin # Elsewhere) Notes _____

Bank _____ **Type of Account** _____

Address _____

Phone No. _____ Bookkeeping Phone _____

Account No. _____ Bank Card No. _____

(Note: Hide Pin # Elsewhere) Notes _____

Bank _____ **Type of Account** _____

Address _____

Phone No. _____ Bookkeeping Phone _____

Account No. _____ Bank Card No. _____

(Note: Hide Pin # Elsewhere) Notes _____

CREDIT CARDS

BANK _____ **TYPE (Visa, MC, etc.)** _____

CARD NO. _____ CREDIT LIMIT \$ _____

(Note: hide PIN elsewhere)

BANK _____ **TYPE (Visa, MC, etc.)** _____

CARD NO. _____ CREDIT LIMIT \$ _____

(Note: hide PIN elsewhere)

BANK _____ **TYPE (Visa, MC, etc.)** _____

CARD NO. _____ CREDIT LIMIT \$ _____

(Note: hide PIN elsewhere)

BANK _____ **TYPE (Visa, MC, etc.)** _____

CARD NO. _____ CREDIT LIMIT \$ _____

(Note: hide PIN elsewhere)

BANK _____ **TYPE (Visa, MC, etc.)** _____

CARD NO. _____ CREDIT LIMIT \$ _____

(Note: hide PIN elsewhere)

BANK _____ **TYPE (Visa, MC, etc.)** _____

CARD NO. _____ CREDIT LIMIT \$ _____

(Note: hide PIN elsewhere)

REAL ESTATE

DESCRIPTION OF PROPERTY _____

LOCATION _____

DEED IN NAME OF _____

LOCATION OF DEED _____

DEED RECORDED _____ BOOK _____ PAGE _____

MORTGAGE: \$ FACE AMOUNT _____ TYPE _____

PAYMENT \$ _____ PER _____ INTEREST RATE _____

PURCHASE DATE _____ PERIOD OF PAYMENT _____

NOTES _____

DESCRIPTION OF PROPERTY _____

LOCATION _____

DEED IN NAME OF _____

LOCATION OF DEED _____

DEED RECORDED _____ BOOK _____ PAGE _____

MORTGAGE: \$ FACE AMOUNT _____ TYPE _____

PAYMENT \$ _____ PER _____ INTEREST RATE _____

PURCHASE DATE _____ PERIOD OF PAYMENT _____

NOTES _____

DESCRIPTION OF PROPERTY _____

LOCATION _____

DEED IN NAME OF _____

LOCATION OF DEED _____

DEED RECORDED _____ BOOK _____ PAGE _____

MORTGAGE: \$ FACE AMOUNT _____ TYPE _____

PAYMENT \$ _____ PER _____ INTEREST RATE _____

PURCHASE DATE _____ PERIOD OF PAYMENT _____

NOTES _____

HEALTH INSURANCE

INSURANCE CO. _____ PHONE NO. _____

EMPLOYER _____ GROUP NO. _____

PERSON INSURED _____ POLICY NO. _____

<u>NAME</u>	<u>ID#</u>	<u>COVERAGE NOTES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE CO. _____ PHONE NO. _____

EMPLOYER _____ GROUP NO. _____

PERSON INSURED _____ POLICY NO. _____

<u>NAME</u>	<u>ID#</u>	<u>COVERAGE NOTES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DENTAL INSURANCE

COMPANY _____ POLICY NO. _____

ADDRESS _____ PHONE NO. _____

NOTES _____

CAR INSURANCE

COMPANY _____ PHONE NO. _____

ADDRESS _____

AGENT _____ OWNER OF CAR _____

NOTES _____

1. VEHICLE ID NO. _____ LIC. PLATE NO. _____

YEAR, MAKE, MODEL _____

2. VEHICLE ID NO. _____ LIC. PLATE NO. _____

YEAR, MAKE, MODEL _____

COMPANY _____ PHONE NO. _____

ADDRESS _____

AGENT _____ OWNER OF CAR _____

NOTES _____

2. VEHICLE ID NO. _____ LIC. PLATE NO. _____

YEAR, MAKE, MODEL _____

2. VEHICLE ID NO. _____ LIC. PLATE NO. _____

YEAR, MAKE, MODEL _____

DRIVERS' LICENSE NUMBERS

NAME

NUMBER

_____	_____
_____	_____
_____	_____
_____	_____

PROPERTY INSURANCE

PROPERTY COVERED _____

INSURANCE CO. _____ PHONE NO. _____

ADDRESS _____

AGENT _____ PHONE NO. _____

PAY PREMIUM W/HOUSE PMT.? YES ___ NO ___ AMOUNT \$ _____

NOTES _____

PROPERTY COVERED _____

INSURANCE CO. _____ PHONE NO. _____

ADDRESS _____

AGENT _____ PHONE NO. _____

PAY PREMIUM W/HOUSE PMT.? YES ___ NO ___ AMOUNT \$ _____

NOTES _____

PROPERTY COVERED _____

INSURANCE CO. _____ PHONE NO. _____

ADDRESS _____

AGENT _____ PHONE NO. _____

PAY PREMIUM W/HOUSE PMT.? YES ___ NO ___ AMOUNT \$ _____

NOTES _____

GROUP LIFE and RETIREMENT PLAN POLICIES

EMPLOYER _____
ADDRESS _____
CERTIFICATE NO. _____ \$ AMOUNT _____
EFFECTIVE DATE _____ ACCIDENTAL DEATH BENEFIT \$ _____
NOTES _____

EMPLOYER _____
ADDRESS _____
CERTIFICATE NO. _____ \$ AMOUNT _____
EFFECTIVE DATE _____ ACCIDENTAL DEATH BENEFIT \$ _____
NOTES _____

VETERANS ADMINISTRATION INSURANCE

VA NUMBER _____ SERVICE SERIAL NO. _____
SERVICE BRANCH _____ INSURANCE AMOUNT # _____
TYPE _____ LOAN OUTSTANDING \$ _____
NOTES _____
TO FILE A CLAIM, WRITE TO: _____

SOCIAL SECURITY BENEFITS

(List all names and Social Security Numbers on back)

NOTES _____
TO FILE FOR BENEFITS _____

TRAVEL INSURANCE

AGENT _____ PHONE NO. _____
ADDRESS _____
NOTES _____

INDIVIDUAL LIFE INSURANCE

COMPANY _____

POLICY NO. _____ FACE AMOUNT \$ _____

DATE OF POLICY _____ TYPE (Term, Whole Life, etc.) _____

BENEFICIARY _____

LOCATION OF POLICY _____

AGENT _____ PHONE NO. _____

ADDRESS OF CO. _____

LOANS OUTSTANDING: \$ AMOUNT _____

ASSIGNMENT: TYPE _____ FACE AMOUNT \$ _____

PREMIUMS TO BE SENT TO THIS ADDRESS _____

COMPANY _____

POLICY NO. _____ FACE AMOUNT \$ _____

DATE OF POLICY _____ TYPE (Term, Whole Life, etc.) _____

BENEFICIARY _____

LOCATION OF POLICY _____

AGENT _____ PHONE NO. _____

ADDRESS OF CO. _____

LOANS OUTSTANDING: \$ AMOUNT _____

ASSIGNMENT: TYPE _____ FACE AMOUNT \$ _____

PREMIUMS TO BE SENT TO THIS ADDRESS _____

LETTER OF INSTRUCTION

**MAKE IT EASIER ON YOUR LOVED ONES IN CASE YOU SHOULD DIE. WRITE
OUT YOUR WISHES PERTAINING TO YOUR FUNERAL AND REQUESTS.**

MY PERSONAL REQUESTS AND WISHES FOR FUNERAL ARRANGEMENTS:

I have made funeral arrangements with _____

The address is _____

OR

Funeral arrangements have not been made but I would prefer to have _____

The address is _____

I would like to be buried at _____

The address is _____

I want services to be held at:

Church _____ Home _____

Funeral Home _____ Graveside _____

My favorite Hymns are:

I would like to wear the following: _____

If inquiries are made, donations are to be made to the following organizations:

Other wishes:

THINGS THAT MUST BE DONE
AFTER THE DEATH OF A LOVED ONE

NOTIFY

1. THE DOCTOR OR CORONER
2. THE FUNERAL DIRECTOR
3. THE CEMETARY OR MEMORIAL PARK
4. ALL THE RELATIVES
5. EMPLOYER
6. FRIENDS
7. ORGANIST AND SINGER
8. PALLBEARERS
9. CHURCH
10. INSURANCE AGENTS
11. UNIONS & FRATERNAL ORGANIZATIONS
12. NEWSPAPER
13. BISHOP (IF LDS)

DO

1. MEET WITH FUNERAL DIRECTOR
2. PLAN CEREMONY
3. ORDER FLOWERS
4. PROVIDE CLOTHING
5. FOOD
6. CARDS OF THANKS
7. PROVIDE VITAL STATISTICS ABOUT THE DECEASED
8. OBTAIN COPIES (8 TO 10) OF THE DEATH CERTIFICATE
9. PREPARE AND SIGN NECESSARY PAPERS
10. ANSWER SYMPATHETIC PHONE CALLS, MESSAGES AND LETTERS
11. ARRANGE FOR LODGING FOR OUT-OF-TOWNERS
12. PLAN FUNERAL CAR LIST
13. FIND SOMETHING TO WEAR

YOU MUST PAY SOME OR ALL OF THE FOLLOWING:

DOCTOR	FLORIST
NURSE	ORGANIST
HOSPITAL	CLOTHING
MEDICINE & DRUGS	TRANSPORTATION
FUNERAL & CASKET	TELEPHONE & TELEGRAPH
CEMETERY LOT	FOOD
HEADSTONE	MEMORIALS
INTERMENT SERVICE	MINISTER (if non-LDS)