

# My Personal Records and Information

*The information you gather in this form should be kept private and secure, shared only with trusted family members and agents.*



Personal records inventory as of (date) \_\_\_\_\_

## Personal Information:

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

Phone number(s): \_\_\_\_\_  
Email address(es): \_\_\_\_\_

Driver's license number: \_\_\_\_\_  
Religious affiliation/contacts: \_\_\_\_\_  
Children (name, address, telephone numbers, email addresses): \_\_\_\_\_

Other close relatives (name, address, telephone numbers, email addresses): \_\_\_\_\_

## Health Care Providers (name, telephone numbers, email):

Primary care physician: \_\_\_\_\_  
Physician specialists: \_\_\_\_\_

Eye doctor:

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Dentist:

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Long-term care or assisted living facility:

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Hospital:

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Home care provider:

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Pharmacist:

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Other care providers:

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### **Insurance Information (company, plan, policy number, phone number):**

Health insurance:

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Medicare supplement:

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Long-term care insurance:

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Car insurance:

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Homeowners insurance:

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Life insurance:

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### **Legal and Financial (name and contact information):**

Attorney:

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Accountant:

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Financial advisor:

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Financial institutions:

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## Estate Planning Documents (location and date):

Will (including trust documents):

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Living will (health care directive):

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Appointment of health care  
representative (be sure to include  
the name, address, telephone  
number and email address  
of the person you have appointed):

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## Financial Records (describe where these are kept):

Tax returns, tax information:

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Checkbook and savings passbook:

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Pension, IRA, 401(k) and other  
deferred compensation records:

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Real estate documents  
(deeds, mortgages, notes):

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Insurance policies and  
premium payment records:

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Health care expense  
and reimbursement records:

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Prepaid funeral plan, burial  
plot documents:

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Notes: