

PERSONAL INFORMATION RECORD

Please use this form to record your individual personal history, as applicable. It will provide your family, funeral director and/or attorney with information that will be needed after your death to complete funeral arrangements and to expedite benefit claims and other personal details.

Full Name: _____

Current Address: _____

City, State, Zip Code: _____

Telephone: _____

Birthplace: _____

Date of Birth: _____ Social Security#: _____

Occupation: _____

Employed by or Retired from: _____

Spouse of: _____

Citizen of: _____

Father's Name: _____

Father's Birthplace: _____

Mother's Maiden Name: _____

Mother's Birthplace: _____

Are you a veteran? _____ Rank: _____

Date Inducted: _____

Branch of Service: _____ War served: _____

Date Discharged: _____

Service No. _____

Location of Discharge Papers: _____

I have made a will. I have not made a will.

My executor's name is: _____

Address: _____ Tel. _____

A copy of my will is kept at: _____

My attorney's name: _____

Address: _____ Tel.: _____

My bank is: _____

Additional bank(s): _____

Safe deposit box location (name of bank): _____

Box #: _____ Location of key: _____

Location of deeds, stocks/bonds: _____

Location of insurance policies: _____

Location of deed to cemetery lot or crypt: _____

Additional information: _____

For help or advice in settling my affairs and in making arrangements for the future, please contact: _____

Signature: _____