

Getting Your Affairs in Order

Personal & Family Information- Pg 1

This document provides a centralized place to record essential personal information for yourself, your spouse or domestic partner, your children, and your parents. Keeping these details in one place makes it easier to access important information when needed, supporting smooth planning, coordination, and care during life transitions or emergencies.

Your Personal Information

Full Legal Name: _____

Previous Names (Maiden) or Alias: _____

Address: _____

Phone Number(s): _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Military Branch & Number: _____

Employment Information: _____

Spouse/Domestic Partner Information

Full Legal Name: _____

Previous Names (Maiden) or Alias: _____

Address: _____

Phone Number(s): _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Military Branch & Number: _____

Employment Information: _____

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Other Information

Date of Marriage: _____

Date of Divorce, Annulment, Legal Separation or Death: _____

Location of Marriage Certificates: _____

Location of Divorce Decrees: _____

Your Children

First Child's Name: _____

_____ Biological _____ Stepchild _____ Adopted

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Location of Birth/Adoption/Death Certificate: _____

If Deceased: date of death/resting place: _____

Children's Name(s), Date of Birth, and Relationship to Your Child (biological, step, or adopted)

1. _____

2. _____

3. _____

4. _____

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Second Child's Name: _____

_____ Biological _____ Stepchild _____ Adopted

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Location of Birth/Adoption/Death Certificate: _____

If Deceased: date of death/resting place: _____

Children's Name(s), Date of Birth, and Relationship to Your Child (biological, step, or adopted)

1. _____
2. _____
3. _____
4. _____

Third Child's Name: _____

_____ Biological _____ Stepchild _____ Adopted

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

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Third Child (cont)

Social Security Number: _____

Driver's License Number: _____

Location of Birth/Adoption/Death Certificate _____

If Deceased: date of death/resting place _____

Children's Name(s), Date of Birth, and Relationship to Your Child (biological, step, or adopted)

1. _____
2. _____
3. _____
4. _____

Your Parents

Mother's Name: _____

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Place & Date of Birth: _____

If Deceased: Date of Death/Resting Place: _____

Location of Death Certificate: _____

Father's Name _____

Spouses Name _____

Address: _____

Phone Number(s): _____

Email Address: _____

Place & Date of Birth: _____

If Deceased: Date of Death/Resting Place: _____

Location of Death Certificate: _____

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Your Spouse's Parents

Mother's Name: _____

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Place & Date of Birth: _____

If Deceased: Date of Death/Resting Place: _____

Location of Death Certificate: _____

Father's Name: _____

Spouses Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Place & Date of Birth: _____

If Deceased: Date of Death/Resting Place: _____

Location of Death Certificate: _____