Personal Critical Data

Provide information to assist your family in the case of your death or incapacitation. A copy should be kept with your personal papers, and with key relatives. At your request your employer will keep a copy with your confidential personnel file. Attach and number any additional pages/documents.

Name:					Organ Donor?	
SS#:		Date of Birth			Yes No	
Place of Birth:						
Family Members	Date of Birth	Address/Phone Number			Dependent? Yes or No	
	/ /				Yes No	
	/ /				Yes No	
	/ /				Yes No	
	/ /				Yes No	
	Provide name	Contacts in C es of individuals to		ase of death.		
Name	Relationship	Address			Phone #	
	Spouse					
	Pastor					
	Attorney					
	Employer					
	Will Admin.					
	Retirement Plan					
	Trust Administrator					
	Physician					
		Insurance	Policies		•	
Document Location	Policy #	Company	Beneficiary	Type of Coverage	Agent Phone #	

		Fin	ancial	
Document Company Location		Account #	Type (Checking Account, IRA, 401(k), 403(b), Brokerage, etc)	Agent Phone #
	T	Credito	rs/Debtors	1
Document Location	Account #	Company	Type (Mortgage, Line of Credit, Auto Loan, etc)	Phone #
	Provide in		Key Documents ed to access key documentation.	1
Will/Advance Di				
Marriage Certificate(s)				
Birth/Adoption Documents				
Safe Deposit Box				
Vehicle Registration & Title				
Burial Plot Information				
Medical & Dental Records				
Real Estate Docu	umentation			
Tax Returns				
Credit Card Rec				
Bank Statements				
Military Dischar				
Other (Divorce I Trust Document	Decree, Death Cert's (s, etc)	,		