



Own Your Future Personal Profile

Personal Profile

Planning ahead for needs that come with age can help make your life long and happy. This profile is a diary of personal, financial and professional relationships as well as a record of your wishes if you become unable to make decisions for yourself.

Share this profile with family and friends and be sure they know where to find it if the need arises. Because it contains sensitive and confidential information, store it in a safe place or give it to a reliable individual for safekeeping. Since the need may arise unexpectedly, don't keep this profile in a safe deposit box.

Personal Contact Information

Name: _____

Address: _____

Phone: _____

Cellular: _____

Fax: _____

e-mail: _____

Date of birth: _____

Social Security Number: _____

Medicare Number: _____

Marital status:
 Single Widowed
 Married Divorced Other

Religious preference: _____

Employment: _____

Work phone: _____

Emergency Contact Information

Contact name:

Relationship to you:

Address:

Home phone:

Work phone:

Cellular:

Spouse/Significant Other

Name:

Address:

Phone:

Next of Kin

Next of kin:

Relationship:

Address:

Phone:

Cellular:

Pets

1. Type/breed:

Description:

Name:

2. Type/breed:

Description:

Name:

3. Type/breed:

Description:

Name:

Person who will care for pets in an emergency:

Phone:

Veterinarian:

Address:

Phone:

List additional pets and special care instructions here:

Siblings

1. Name(s): _____

Address: _____

Phone: _____

2. Name(s): _____

Address: _____

Phone: _____

3. Name(s): _____

Address: _____

Phone: _____

4. Name(s): _____

Address: _____

Phone: _____

5. Name(s): _____

Address: _____

Phone: _____

6. Name(s): _____

Address: _____

Phone: _____

Children

1. Name(s): _____

Address: _____

Phone: _____

2. Name(s): _____

Address: _____

Phone: _____

3. Name(s): _____

Address: _____

Phone: _____

4. Name(s): _____

Address: _____

Phone: _____

5. Name(s): _____

Address: _____

Phone: _____

6. Name(s): _____

Address: _____

Phone: _____

Grandchildren

1. Name(s): _____

Address: _____

Phone: _____

2. Name(s): _____

Address: _____

Phone: _____

3. Name(s): _____

Address: _____

Phone: _____

4. Name(s): _____

Address: _____

Phone: _____

5. Name(s): _____

Address: _____

Phone: _____

6. Name(s): _____

Address: _____

Phone: _____

Professional Relationships

Employer:

Address:

Phone:

Accountant:

Address:

Phone:

Attorney:

Address:

Phone:

Banker:

Address:

Phone:

Financial planner:

Address:

Phone

Clergy:

Address:

Phone:

Doctor 1:

Address:

Phone:

Doctor 2:

Address:

Phone:

Doctor 3:

Address:

Phone:

Doctor 4:

Address:

Phone:

Dentist:

Address:

Phone:

Eye Doctor:

Address:

Phone:

Your legal guardian:

Address:

Phone:

Executor of will:

Address:

Phone:

Person with power of attorney:

Address:

Phone:

Person with durable power of attorney:

Address:

Phone:

Insurance agent:

Address:

Phone:

Tax preparer:

Address:

Phone

Important Documentation

Adoption papers

Document location:

Advance directives

Document location:

Baptismal certificate

Document location:

Birth certificate/other document

Document location:

Children's birth certificate

Document location:

Citizenship papers

Document location:

Death certificate (spouse)

Document location:

Deed - Cemetery plot

Document location:

Deed(s) - Property

Document location:

Deed(s) - Other:

Document location:

Divorce papers

Document location:

Driver's license

Document location:

Honorable discharge certificate

Document location:

Income tax records

Document location:

Insurance - Accident

Document location:

Insurance - Car

Document location:

Insurance - Credit card

Document location:

Insurance - Health

Document location:

Insurance - Life

Document location:

Insurance - Long-term care

Document location:

Insurance - Mortgage or loan

Document location:

Insurance - Other

Document location:

Living will

Document location:

Marriage certificate

Document location:

Medical Alert card/ID

Document location:

Organ donor

Document location:

Pre-nuptial agreement

Document location:

Real estate transfer certificate

Document location:

Social security card

Document location:

Passport

Number:

Document location:

Automobile title(s)

Document location:

Boat title

Document location:

House title

Document location:

Other title:

Document location:

Vehicle registration

Document location:

Boat registration

Document location:

Other registration

Document location:

Special Notes:

Financial Information

Annuities

Account management company:

Account number:

Primary bank:

Checking account

Account number:

Savings account

Account number:

Safety deposit box:

Other:

Other bank:

Checking account

Account number:

Savings account

Account number:

Safety deposit box:

Other:

Credit Union

Address:

Phone:

Certificates of Deposit (CD's)

Bank:

Account number:

Amount:

Maturity date:

Financial Information

Credit/Debit Cards

ATM/Debit/Check card

Bank:

Card number:

American Express

Card number:

Discover

Card number:

Gasoline company (1)

Card number:

Gasoline company (2)

Card number:

Master Card (1)

Bank:

Card number:

Master Card (2)

Bank:

Card number:

Store Credit (1)

Store:

Card number:

Store Credit (2)

Bank:

Card Number:

Visa (1)

Bank:

Card number:

Visa (2)

Bank:

Card Number:

Other credit card:

Card number:

Financial Information

Savings & Retirement

Deferred compensation

Account management company:

Account number:

Direct deposit (amount: _____)

Account management company:

Account number:

Federal Reserve notes

Bank:

401B account

Account management company:

Account number:

401C account

Account management company:

Account number:

401K account

Account management company:

Account number:

IRA account

Account management company:

Account number:

Joint ownership account

Account management company:

Account number:

Keogh account

Account management company:

Account number:

Mutual funds

Account management company:

Account number:

Savings bonds

Amount:

Maturity date:

Document location:

Social Security

Amount:

Stock certificates

Account management company

Account number

Trust fund

Date established

Beneficiary

Trustees

Attorney

Location of document

Other Assets: (antiques, coin collection, stamp collection, etc.)

Personal Choices & Arrangements

(Share these with your family and friends)

Body left to science

Institution:

Address:

Phone:

Document location:

Burial

Marker:

Monument:

Cemetery:

Plot number:

Address:

Phone:

Cremation

Ashes buried:

Ashes in urn placed:

Ashes scattered:

Funeral Service

Church service:

Funeral home service:

Traditional Jewish religious custom:

Memorial service:

Other:

Special wishes for Funeral/Memorial

Location of Service:

Flowers:

Food:

Charitable donation:

Charity:

Pall Bearers:

Music/musicians:

Poetry/scripture:

Speakers:

Clothing/jewelry (burial) :

Items to be buried or cremated with:

