

 SBUCH FAMILY
OF FUNERAL HOMES
MOUNT JOY MANHEIM LITITZ

Personal Information

Recording your personal information will provide your family with a helpful guide in case of an emergency. Simply record the information in the categories below, to create a handy reference. You can enter your information directly into this PDF document and then save it on your computer or print it out.

Spouse / Significant Other Contact Information

Name: _____
Address: _____
City, State, Zip: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Military Service

Branch of Service: _____
Serial Number: _____
Date Enlisted: _____
Date Discharged: _____

Social Security Number: _____

Medical Contact Information

Practice Name: _____
Family Doctor: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Employment Information

Employer: _____
Address: _____
City, State, Zip: _____
Home Phone: _____

Living Will

Location: _____

Children Contact Information

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Power Of Attorney

Name: _____
Relationship: _____

Executor

Name: _____
Relationship: _____

Safety Deposit Box

Location: _____
Key Location/Combination: _____
Contents: _____

Financial Information

In this section, record information about your financial, banking and investment accounts.

Be sure to include any online login details for each.

Banking Accounts

Bank Name: _____
Named Beneficiary: _____
Bank Address: _____
City, State, Zip: _____
Contact Name: _____
Phone Number: _____
Checking Account Number: _____
Savings Account Number: _____
Online Username: _____
Online Password: _____

Investment Accounts

Company: _____
Named Beneficiary: _____
Address: _____
City, State, Zip: _____
Contact Name: _____
Phone Number: _____
Account Number: _____
Online Username: _____
Online Password: _____

Credit Cards

Credit Card Company: _____
Account Number: _____
Company Address: _____
City, State, Zip: _____
Card Number: _____
Online Username: _____
Online Password: _____

Credit Card Company: _____
Account Number: _____
Company Address: _____
City, State, Zip: _____
Card Number: _____
Online Username: _____
Online Password: _____

Insurance Information

It is important for your family members to know what insurance policies you have, so that they are aware of the benefits and type of coverage that applies, in case of an emergency.

Life Insurance

Insurance Company: _____
Type Of Policy: _____
Policy Number: _____
Beneficiary: _____
Company Address: _____
City, State, Zip: _____
Phone Number: _____
Contact Name: _____
Online Username: _____
Online Password: _____

Health Insurance

Insurance Company: _____
Type Of Policy: _____
Policy Number: _____
Company Address: _____
City, State, Zip: _____
Phone Number: _____
Contact Name: _____
Online Username: _____
Online Password: _____

Home Insurance

Insurance Company: _____
Type Of Policy: _____
Policy Number: _____
Company Address: _____
City, State, Zip: _____
Phone Number: _____
Contact Name: _____
Online Username: _____
Online Password: _____
Autopay: ☐ Yes ☐ No Payment Date: _____
Charge Card: _____

Auto Insurance

Insurance Company: _____
Type Of Policy: _____
Policy Number: _____
Company Address: _____
City, State, Zip: _____
Phone Number: _____
Contact Name: _____
Online Username: _____
Online Password: _____
Autopay: ☐ Yes ☐ No Payment Date: _____
Charge Card: _____

Retirement Information

Information recorded in this section should include details about any retirement accounts. Be sure to list accounts that are through work, as well as, individual accounts that have been set up. Be sure to indicate where the accounts are held.

Pension / 401(k) / 403b

Company: _____
Policy Number: _____
Company Address: _____
City, State, Zip: _____
Contact Name: _____
Phone Number: _____

IRA

Company: _____
Policy Number: _____
Company Address: _____
City, State, Zip: _____
Contact Name: _____
Phone Number: _____

Other Plans

Company: _____
Policy Number: _____
Company Address: _____
City, State, Zip: _____
Contact Name: _____
Phone Number: _____
Online Username: _____
Online Password: _____

Company: _____
Policy Number: _____
Company Address: _____
City, State, Zip: _____
Contact Name: _____
Phone Number: _____
Online Username: _____
Online Password: _____

Home and Vehicle Information

By providing your family with home mortgage and auto loan information, they will be able to continue to manage payments if you are unable to. If there are no outstanding vehicle loans, simply list the title information.

Mortgage / Title

Lending Institution: _____

Account Number: _____

Company Address: _____

City, State, Zip: _____

Contact Name: _____

Phone Number: _____

Online Username: _____

Online Password: _____

Autopay: ☐ Yes ☐ No Payment Date: _____

Account Charged: _____

Vehicles

Vehicle Title #: _____

Make Of Vehicle: _____

Vehicle ID #: _____

License Plate #: _____

Auto Loan

Lending Institution: _____

Company Address: _____

City, State, Zip: _____

Phone Number: _____

Online Username: _____

Online Password: _____

Autopay: ☐ Yes ☐ No Payment Date: _____

Account Charged: _____

Professional Advisors

In the event of an emergency, it is important for your family to know who your professional advisors are. Your network of professional advisors will be able to assist with managing your affairs until you are able to.

Attorney

Name: _____

Company: _____

Address: _____

Phone: _____

Email Address: _____

Fax: _____

Investment Advisor / Broker

Name: _____

Company: _____

Address: _____

Phone: _____

Email Address: _____

Fax: _____

Insurance Agent

Name: _____

Company: _____

Address: _____

Phone: _____

Email Address: _____

Fax: _____

CPA

Name: _____

Company: _____

Address: _____

Phone: _____

Email Address: _____

Fax: _____

Home Utility & Provider Information

In this section, record information about all of your home utilities and providers such as: waste/trash, sewer, power, cable, internet, electric, and gas. Be sure to include any online login details and autopay features for each.

Company: _____
Account Number: _____
Company Address: _____
City, State, Zip: _____
Phone Number: _____
Online Username: _____
Online Password: _____
Autopay: ☐ Yes ☐ No Payment Date: _____
Charge Card: _____

Company: _____
Account Number: _____
Company Address: _____
City, State, Zip: _____
Phone Number: _____
Online Username: _____
Online Password: _____
Autopay: ☐ Yes ☐ No Payment Date: _____
Charge Card: _____

Company: _____
Account Number: _____
Company Address: _____
City, State, Zip: _____
Phone Number: _____
Online Username: _____
Online Password: _____
Autopay: ☐ Yes ☐ No Payment Date: _____
Charge Card: _____

Company: _____
Account Number: _____
Company Address: _____
City, State, Zip: _____
Phone Number: _____
Online Username: _____
Online Password: _____
Autopay: ☐ Yes ☐ No Payment Date: _____
Charge Card: _____

Company: _____
Account Number: _____
Company Address: _____
City, State, Zip: _____
Phone Number: _____
Online Username: _____
Online Password: _____
Autopay: ☐ Yes ☐ No Payment Date: _____
Charge Card: _____

Company: _____
Account Number: _____
Company Address: _____
City, State, Zip: _____
Phone Number: _____
Online Username: _____
Online Password: _____
Autopay: ☐ Yes ☐ No Payment Date: _____
Charge Card: _____

If you need more space to list additional expenses, such as school loans, subscriptions, gym membership, etc., simply copy this page.