

**IMPORTANT HOUSEHOLD INFORMATION**

**DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HEAD OF HOUSEHOLD** full name: \_\_\_\_\_

Social security #:

Date of birth:

Driver's license #:

Passport #:

Important medical information:

**SPOUSE** full name: \_\_\_\_\_

Social security #:

Date of birth:

Driver's license#:

Passport #:

Important medical information:

**HOUSEHOLD MEMBERS**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Important medical information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Important medical information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Important medical information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Important medical information:

**BANK:**

Checking account #: \_\_\_\_\_

Savings account #: \_\_\_\_\_

**BANK:**

Checking account #: \_\_\_\_\_

Savings account #: \_\_\_\_\_

**MORTGAGE COMPANY:**

Account/loan number: \_\_\_\_\_

**INSURANCE INFORMATION**

<b>Insurance</b>	<b>Company</b>	<b>Telephone</b>	<b>Policy number</b>
Medical			
Dental			
Vision			
Life #1			
Life #2			
Disability			
Homeowner's/Rental			
Auto #1			
Auto #2			
Flood			

**REGULAR PRESCRIPTION MEDICATION**

Medication #1 \_\_\_\_\_ Prescription # \_\_\_\_\_ Pharmacy phone \_\_\_\_\_  
 Medication #2 \_\_\_\_\_ Prescription # \_\_\_\_\_ Pharmacy phone \_\_\_\_\_  
 Medication #3 \_\_\_\_\_ Prescription # \_\_\_\_\_ Pharmacy phone \_\_\_\_\_  
 Medication #4 \_\_\_\_\_ Prescription # \_\_\_\_\_ Pharmacy phone \_\_\_\_\_

Advisor	Name	Address or Email	Telephone
Lawyer			
Accountant			
Financial Advisor			

SAFE deposit box location: \_\_\_\_\_ Key location: \_\_\_\_\_  
 Contents:

**CREDIT CARD INFORMATION**

Credit card	Account number	Customer Service telephone

**UTILITIES**

Utility	Account number	Customer Service telephone
Electricity		
Natural Gas/Propane		
Water		
Internet/TV		
Telephone/Cell phone		
Trash pick-up		

**IMPORTANT DOCUMENTS**

Include copies or originals with this record in a waterproof container in/with your 72-hour kit

- |                          |  |
|--------------------------|--|
| ___ Driver's license     | ___ Car title                            |
| ___ Social Security card | ___ Real estate title                    |
| ___ Passport             | ___ Extra blank checks                   |
| ___ Visa                 | ___ Computer back-up drive               |
| ___ Birth certificate    | ___ Household inventory                  |
| ___ Marriage certificate | ___ Family history and religious records |
| ___ Immunization records | ___ Extra car and house keys             |
| ___ Will                 | ___ Cash in small denominations          |
| ___ Legal contracts      | ___ Emergency contact information        |

**Keep this record as safe as you would your wallet! Avoid identity theft!**