

Essential Family Preparedness Workbook

Centralize important documents and information for your family and loved ones. This document will be a critical resource in the event of an emergency or major life event.

This checklist is designed to help organize important information so that you are better prepared for future life stages and unforeseen circumstances.



Key Information



Essential Documents



Medical Information



Financial Information



Digital & Professional Information

Key Information



Make sure that your loved ones know where to find your key personal information in the event of an emergency. Attach copies of all key documents to this section.



PERSONAL INFORMATION

MY INFORMATION FULL LEGAL NAME: _____ GIVEN / MAIDEN NAME (if applicable): SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: ____ PLACE OF BIRTH (hospital, city, county, state/country): MOTHER'S FULL LEGAL NAME: _____ MOTHER'S PLACE OF BIRTH (city & state/country): _____ FATHER'S FULL LEGAL NAME: FATHER'S PLACE OF BIRTH (city & state/country): PASSPORT NUMBER: _____ EXPIRATION DATE: _____ FULL NAMES OF ALL CHILDREN (living & deceased): CURRENT EMPLOYER (name, address, phone, manager): PETS:

EMERGENCY CONTACTS

Information last updated:

CONTACT	NAME	PHONE OR EMAIL
EMERGENCY CONTACTS:		
PRIMARY DOCTOR:		
DOCTOR/ SPECIALIST:		
CLERIC:		
ATTORNEY:		
FINANCIAL ADVISOR:		

EMERGENCY CONTACTS

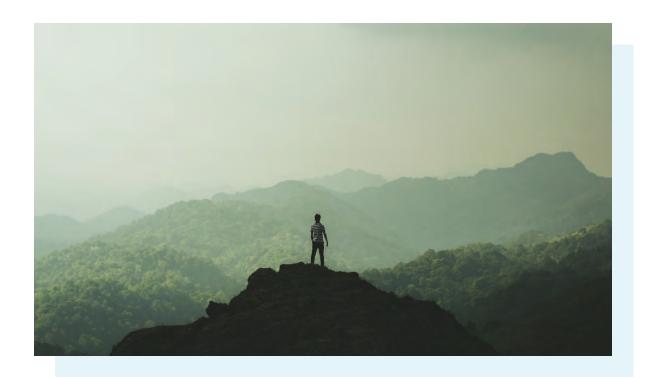
Information last updated:

CONTACT	NAME	PHONE OR EMAIL
PROPERTY & CASUALTY AGENT:		
CPA:		
EXECUTOR:		
TRUSTEE:		
SUCCESSOR TRUSTEE:		
OTHER (Power of Attorney, Healthcare Proxy):		

PROFESSIONAL DIRECTORY

ATTORNEY, CPA, MECHANIC, HOUSEKEEPER, NANNY, PET SITTER, LANDSCAPING & POOL SERVICES... Information last updated:

NAME	BUSINESS TYPE	ADDRESS	PHONE OR EMAIL



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IMPORTANT INFORMATION

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