

About You

Full name	Date and place of birth
Social Security number	Driver's license number
Naturalization number (if not born in U.S.)	Employee ID number
Occupation	Employment address and telephone number
Father's name—place of birth	Mother's maiden name—place of birth
Former spouse's name	Date of divorce (or death)
Do you have a certified copy of your birth certificate? If so, where is it kept?	

Do you have a will? If so, where is it kept?	Enter details in the estate planning section, page 45.
Do you have a trust? If so, where is it kept?	Enter details in the estate planning section, page 45.
Do you have a prenuptial agreement? If so, where is it located?	Enter brief description of details.
Do you belong to any organization in which you or your survivors may be entitled to benefits?	

Are You a Veteran?

In which branch did you serve? What was your rank at discharge?	
Service ID number (if different from your Social Security number)	
What was your discharge date?	
What is the location of your military discharge papers (DD-214)?	
Name of veterans' organizations	
Are you eligible for (or currently collecting) a military pension or military disability benefits?	If so, enter details in the estate planning section (page 57) and note here regarding disability benefits.
Are there any survivors' benefits?	If so, enter details in the estate planning section (page 57).
Do you have serviceman's life insurance?	If so, enter details in the life insurance section (page 51).

Comments about citations, awards, and recognitions . . .

About Your Spouse

Full name	Date and place of birth
Social Security number	Driver's license number
Naturalization number (if not born in U.S.)	Employee ID number
Occupation	Employment address and telephone
Father's name—place of birth	Mother's maiden name—place of birth
Former spouse's name	Date of divorce (or death)
Do you have a certified copy of your spouse's birth certificate? If so, where is it kept?	

Does your spouse have a will? If so, where is it kept?	Enter details in the estate planning section, page 47.
Does your spouse have a trust? If so, where is it kept?	Enter details in the estate planning section, page 47.
Did your spouse have a prenuptial agreement with a former spouse? If so, where is it located?	Enter a brief description of details.
Does your spouse belong to any organization through which you or your survivors may be entitled to benefits?	

About Your Marriage and Your Children

Your Marriage

Date of Marriage	Place of Marriage	Location of Marriage Certificate

Your Children

Full Name—Address—Telephone Social Security Number	Date and Place of Birth	Male or Female Plus Other Information*

* Include important information such as the child's special needs—also, if a child is from a previous marriage, indicate the child's natural parent(s).

About Your Grandchildren

Your Grandchildren

Full Name—Address—Telephone Social Security Number	Date and Place of Birth	Male or Female Plus Other Information*

Who Are Your Advisers?

This list should contain those trusted individuals who will offer honest counsel in time of need.
Mark **WHOM TO CALL FIRST** with a color highlighter.

Name of Adviser	Name — Firm — Address — Telephone
Who is your lawyer?	
Who is your accountant / tax adviser?	
Who is your insurance agent?	
Who is your stockbroker?	
Who is your banker?	
Who is your financial adviser?	
Who are your doctors? List by specialty.	

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Who is your dentist?	
Who is your clergyman / woman?	
Who is your veterinarian?	
Who is your real estate adviser?	
Other Important Contacts	Name — Address — Telephone Number

