



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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