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| 1. **MEDICAL INFORMATION** | |
| **Doctor’s Name:** | **Dentist’s Name:** |
| **Address:** | **Address:** |
| **Phone #:** | **Phone #:** |
|  |  |
| **Pharmacist:** | **Other Health Care Professional:** |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Phone #:** | **Phone #:** |
|  |  |
| **Prescriptions:** | **Allergies:** |
|  |  |
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**Just In Case**

**This information belongs to:**

|  |  |
| --- | --- |
| 1. **INSURANCE POLICIES** | |
| **LIFE INSURANCE** | **CAR INSURANCE** |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Phone #:** | **Phone #:** |
| **Policy #:** | **Policy #:** |
|  |  |
| **HEALTH INSURANCE** | **HOUSE INSURANCE** |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Phone #:** | **Phone #:** |
| **Policy #:** | **Policy #:** |
|  |  |
| **TRAVEL INSURANCE** | **OTHER** |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Phone #:** | **Phone #:** |
| **Policy #:** | **Policy #:** |

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| 1. **BANKING & INVESTMENTS** | |
| **Bank:** | **Investment:** |
| **Phone #:** | **Phone #:** |
| **Account #’s:** | **Account #’s:** |
|  |  |
| **Bank:** | **Investment:** |
| **Phone #:** | **Phone #:** |
| **Account #’s:** | **Account #’s:** |
|  |  |
| **Accountant:** | **Lawyer :** |
| **Phone #** | **Phone #** |
| **Email:** | **Email:** |

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| 1. **CARDS – Credit, Points, Membership, Air Miles** | |
| **Name:** | **Name:** |
| **Account #:** | **Account #:** |
| **PIN** | **PIN** |
|  |  |
| **Name:** | **Name:** |
| **Account #:** | **Account #:** |
| **PIN** | **PIN** |
|  |  |
| **Name:** | **Name:** |
| **Account #:** | **Account #:** |
| **PIN** | **PIN** |
|  |  |
| **Name:** | **Name:** |
| **Account #:** | **Account #:** |
| **PIN** | **PIN** |

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| 1. **INTERNET INFORMATION** | |
| **Email address:** | **iTunes username:** |
| **Password:** | **Password:** |
|  |  |
| **Facebook username:** | **Linked In username:** |
| **Password:** | **Password:** |
|  |  |
| **Twitter username:** | **Online banking username:** |
| **Password:** | **Password:** |
|  |  |
| **Instagram username:** | **Other username:** |
| **Password:** | **Password:** |

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| 1. **LOCATION OF IMPORTANT DOCUMENTS** | |
| **Birth certificate:** | **Insurance information:** |
|  |  |
| **Tax information:** | **Vehicle information** |
|  |  |
| **Mortgage information:** | **Loan information** |
|  |  |
| **Will:** | **Other:** |
|  |  |

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| **7. OTHER INFORMATION** | |
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**Please keep this information is a safe location and state its location in your will or other legal documents.**