



IN CASE OF EMERGENCY MEMORANDUM

Give Your Loved Ones the Information They Need

This memorandum will provide your loved ones with essential financial and health care information they will need if something happens to you. Provide as much detail as possible because leaving out important details will make it more difficult for your loved ones to care for you in case of an emergency. Also, remember update this memorandum as information changes.

Keep this document in a safe place AND let your loved ones know where to find and/or how to access this document.

PERSONAL INFORMATION

Full Legal Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Driver's License Number: _____

LOCATION OF IMPORTANT DOCUMENTS

Driver License: _____ Marriage License: _____

Birth Certificate: _____ Divorce Decree: _____

Social Security Card: _____ Tax Returns: _____

Passport: _____ Business Agreements: _____

Military ID: _____ Estate Plan Documents: _____

Citizenship Documents: _____ Other: _____

Real Estate Deeds: _____ Vehicle Titles: _____

MILITARY INFORMATION

Branch of Service: _____ Rank/Rate: _____

Date of Initial Entry to Military Service: _____

Date of Retirement or Separation from Service: _____

Military Pension Amount: _____ Direct Deposit: ☐ Yes ☐ No

Survivor Benefit Plan: ☐ Yes ☐ No Survivor: _____ Amount: _____

MEDICAL INFORMATION

Primary Health Insurance Provider: _____

Policy Number: _____ Location of Insurance Card: _____

Secondary Health Insurance Provider: _____

Policy Number: _____ Location of Insurance Card: _____

Medicare Number: _____ Location of Medicare Card: _____

Medicaid Number: _____ Location of Medicaid Card: _____

Primary Care Provider: _____ Phone Number: _____

Secondary Provider: _____ Phone Number: _____

Eye Doctor: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Preferred Hospital: _____

MEDICAL HISTORY

Height: _____ Weight: _____ Blood Type: _____

Allergies and/or Medical Conditions:

Medications (Name, Dosage, Prescribing Doctor):

Surgeries, Hospitalizations, Major Illnesses (Type and Date):

Family Medical History (Immediate Relatives):

INCOME & FINANCES

Salary/Wages: _____

Social Security: _____

Pension: _____

Retirement Benefits: _____

Annuity: _____

Rental Property Income: _____

Business Income: _____

Disability: _____

Interest or Royalty: _____

Military Benefits: _____

Other: _____

Bank or Credit Union: _____

Online Account Username: _____

Brokerage Account Provider: _____

Online Account Username: _____

Retirement Account Provider: _____

Online Account Username: _____

Annuity Issuer: _____

Online Account Username: _____

Other: _____

Online Account Username: _____

Other: _____

Online Account Username: _____

Other: _____

Online Account Username: _____

Other: _____

Online Account Username: _____

Other: _____

Online Account Username: _____

Direct Deposit: ☐ Yes ☐ No

Direct Deposit: ☐ Yes ☐ No

Direct Deposit: ☐ Yes ☐ No

Direct Deposit: ☐ Yes ☐ No

Direct Deposit: ☐ Yes ☐ No

Direct Deposit: ☐ Yes ☐ No

Direct Deposit: ☐ Yes ☐ No

Direct Deposit: ☐ Yes ☐ No

Direct Deposit: ☐ Yes ☐ No

Direct Deposit: ☐ Yes ☐ No

Direct Deposit: ☐ Yes ☐ No

Account Number: _____

Password: _____

Account Number: _____

Password: _____

Account Number: _____

Password: _____

Account Number: _____

Password: _____

Account Number: _____

Password: _____

Account Number: _____

Password: _____

Account Number: _____

Password: _____

Account Number: _____

Password: _____

Account Number: _____

Password: _____

BILLS

Mortgage/Rent Amount: _____ Lender/Landlord: _____

Account Number: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Electric/Gas/Oil Amount: _____ Service Provider: _____

Account Number: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Water Amount: _____ Service Provider: _____

Account Number: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Landline Phone Amount: _____ Service Provider: _____

Account Number: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Cell Phone Amount: _____ Service Provider: _____

Account Number: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Internet Amount: _____ Service Provider: _____

Account Number: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Cable/Satellite TV Amount: _____ Service Provider: _____

Account Number: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

_____ Amount: _____ Service Provider: _____

Account Number: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

_____ Amount: _____ Service Provider: _____

Account Number: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

_____ Amount: _____ Service Provider: _____

Account Number: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

INSURANCE

Homeowners/Renters Insurance Company: _____ Agent: _____

Premium Amount and Frequency (monthly/annually): _____

Policy Number: _____ Method of Payment: _____

Online Account Username: _____ Password: _____

Auto Insurance Company: _____ Agent: _____

Premium Amount and Frequency (monthly/annually): _____

Policy Number: _____ Method of Payment: _____

Online Account Username: _____ Password: _____

Life Insurance Company: _____ Agent: _____

Premium Amount and Frequency (monthly/annually): _____

Policy Number: _____ Method of Payment: _____

Online Account Username: _____ Password: _____

Long-Term Care (LTC) Insurance Company: _____ Agent: _____

Premium Amount and Frequency (monthly/annually): _____

Policy Number: _____ Method of Payment: _____

Online Account Username: _____ Password: _____

Life Insurance with LTC Benefit Company: _____ Agent: _____

Premium Amount and Frequency (monthly/annually): _____

Policy Number: _____ Method of Payment: _____

Online Account Username: _____ Password: _____

Disability Insurance Company: _____ Agent: _____

Premium Amount and Frequency (monthly/annually): _____

Policy Number: _____ Method of Payment: _____

Online Account Username: _____ Password: _____

_____ Insurance Company: _____ Agent: _____

Premium Amount and Frequency (monthly/annually): _____

Policy Number: _____ Method of Payment: _____

Online Account Username: _____ Password: _____

_____ Insurance Company: _____ Agent: _____

Premium Amount and Frequency (monthly/annually): _____

Policy Number: _____ Method of Payment: _____

Online Account Username: _____ Password: _____

DEBT & CREDIT CARDS

Home Loan Number: _____ Lender: _____

Monthly Payment: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Auto Loan Number: _____ Lender: _____

Monthly Payment: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Personal Loan Number: _____ Lender: _____

Monthly Payment: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Student Loan Number: _____ Lender: _____

Monthly Payment: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

_____ Loan Number: _____ Lender: _____

Monthly Payment: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Card Issuer: _____ Account Number: _____ Expiration Date: _____

Monthly Payment: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Card Issuer: _____ Account Number: _____ Expiration Date: _____

Monthly Payment: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Card Issuer: _____ Account Number: _____ Expiration Date: _____

Monthly Payment: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Card Issuer: _____ Account Number: _____ Expiration Date: _____

Monthly Payment: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Card Issuer: _____ Account Number: _____ Expiration Date: _____

Monthly Payment: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

SUBSCRIPTIONS & MEMBERSHIPS

Type: _____ Amount: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Type: _____ Amount: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Type: _____ Amount: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

Type: _____ Amount: _____ Autopay: ☐ Yes ☐ No

Online Account Username: _____ Password: _____

ONLINE PRESENCE & SOCIAL MEDIA

Personal Devices

Source	Login	Username	Password
Cell Phone			
Tablet			
Laptop Computer			
Desktop Computer			
External Hard Drive			

Email Accounts

Source	Login	Username	Password
Email Address			
Email Address			
Email Address			

Storage

Source	Login	Username	Password
iCloud			
Google Drive			
OneDrive			
Dropbox			

Social Media

Source	Login	Username	Password
Facebook			
Instagram			
Twitter			
LinkedIn			
Pinterest			
YouTube			
TikTok			
Snapchat			
Reddit			

Streaming

Source	Login	Username	Password
Netflix			
Hulu			
Disney+			
HBO			
Apple TV			
YouTube TV			
Sling TV			
Acorn TV			
Direct TV			
Showtime			

Travel

Source	Login	Username	Password
AAA			
Uber			
Lyft			

Airline Miles			

Hotel Rewards			

Virtual Connection

Source	Login	Username	Password
Zoom			
Skype			
GroupMe			
WhatsApp			

Shopping

Source	Login	Username	Password
Amazon			
PayPal			
Venmo			
Etsy			
eBay			
Costco			
Sam's Club			

COMMON SECURITY QUESTIONS

What city were you born? _____

What is your mother's maiden name? _____

What was the street you lived on as a child? _____

What high school did you attend? _____

What was the make of your first car? _____

What was the first concert you attended? _____

Where did you meet your spouse? _____

What is the name of your favorite pet? _____

What is your favorite movie? _____

_____?

_____?

_____?

_____?

_____?

HOUSE MAINTENANCE

Roof: Year Installed: _____ Year Replaced: _____ Roofers Used: _____
Additional Notes: _____

Deck, Walkways, Patio and/or Sidewalk Notes to Maintain: _____

Exterior Paint: Most Recent: _____ Color: _____ Painters Used: _____
Additional Notes: _____

Interior Paint: Most Recent: _____ Color: _____ Painters Used: _____
Additional Notes: _____

Heating Source: ☐ Furnace ☐ Heat Pump ☐ Baseboard ☐ Other / Age of System: _____
Service Contracts / Who to Call: _____
Additional Notes: _____

Cooling Source: ☐ Central Forced Air ☐ Wall/Window Units ☐ Other / Age of System: _____
Service Contracts / Who to Call: _____
Additional Notes: _____

Fuel Source(s): ☐ Electricity ☐ Natural Gas ☐ Propane ☐ Oil ☐ Other
Service Contracts / Who to Call: _____
Additional Notes: _____

Water Source: ☐ City/County ☐ Community System ☐ Private Well ☐ Shared Well
Service Contracts / Who to Call: _____
Additional Notes: _____

HOA or Condo Association: Name: _____ Dues: \$ _____ per _____
Who to Call: _____
Additional Notes: _____

Pest Control: How Often to Spray – Outside: _____ Inside: _____
Service Contracts / Who to Call: _____
Additional Notes: _____

Gardener and Lawn Service: How Often is Maintenance for – Garden: _____ Lawn: _____
Service Contracts / Who to Call: _____
Additional Notes: _____

Cleaning:

General House:	How often: _____	Who to Call: _____
AC Ducts:	How often: _____	Who to Call: _____
Dryer Duct:	How often: _____	Who to Call: _____
Hot Water Heater:	How often: _____	Who to Call: _____

Year Appliances Replaced:

Refrigerator:	_____	Notes: _____
Stove and Oven:	_____	Notes: _____
Microwave:	_____	Notes: _____
Dishwasher:	_____	Notes: _____
Washer and Dryer:	_____	Notes: _____

General Contractors:

Handyman:	_____
Plumber:	_____
Electrician:	_____

Security System Notes: _____

Who has Spare Keys: _____

Additional Notes: _____

PETS

Veterinarian: _____

Pet Insurance: ☐ Yes ☐ No Insurance Company: _____

Policy Number: _____ Location of Insurance Policy/Card: _____

Pet Name: _____

Birthday/Age: _____ Male/Female: _____ Breed: _____

Eating/Food Requirements: _____

Medical Conditions: _____

Sensitivities/Allergies: _____

Pet Name: _____

Birthday/Age: _____ Male/Female: _____ Breed: _____

Eating/Food Requirements: _____

Medical Conditions: _____

Sensitivities/Allergies: _____

FINAL WISHES

Prepaid Funeral Plans: ☐ Yes ☐ No

Funeral Home That Issued the Plan: _____

Location of Prepaid Plan Agreement: _____

If Funeral Is Not Preplanned, Funeral Home Preference: _____

Wish to Be: ☐ Buried ☐ Cremated ☐ Other _____

I Own A Cemetery Plot: ☐ Yes ☐ No

Location of Cemetery Plot: _____

Type of Casket Wanted: _____

Type of Grave Marker Wanted: _____

Inscription on Grave Marker: _____

Ceremony Preferences: _____

Poems, Verses, Scripture, Prayers, or Other Readings: _____

Songs or Music: _____

Special Instructions: _____