



Family Records Organizer

Taking time today to gather your thoughts can help your family and loved ones make sure your wishes are carried out in the event something happens to you.



Welcome

This document will help you organize information that you or your loved ones may need to access in the event of an emergency or should you become incapacitated.

- Organizing your family records feel daunting, but rather than trying to complete the form in one sitting, consider setting aside one hour a week to complete this document over time. You may even want to set a reminder on your phone to set aside the time you need.
- Once you are done, set an annual reminder to review for/update with any changes.
- To complete this organizer, you may either:
- Tell your family about this valuable record of information and where they can access it, whether physically or digitally (including any username/password they may need).



This information was last reviewed by me (name), _____ on (date) _____.

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PERSONAL INFORMATION

Start with some basic demographic information about yourself. While this information may seem obvious, someone acting on your behalf may not know these facts about you.

Full name at present: _____
(first) (middle) (maiden) (last)

Address (primary residence): _____

Home phone: _____ Cell phone: _____

Email: _____

Address (secondary residence): _____ Phone: _____

Birth date: _____ Social Security number: _____

Place of birth (city, county, state, country): _____

I am a citizen of: _____ By birth ☐ or By naturalization ☐

I was naturalized on: _____ (date) at _____ (place)

Naturalization number: _____

Father's name: _____

Mother's maiden name: _____

Passport number: _____ Country of issue: _____

Driver's license or other state ID number: _____ State of issue: _____

FAMILY INFORMATION

Details about your spouse and family members are equally important. For minor children, if a field is not applicable (e.g., cell phone number), just leave it blank.

Spouse's name:

(first)(middle)(maiden)(last)

Address (if different from yours):

Home phone:

Cell phone:

Birth date:

Social Security number:

Place of birth (city, county, state, country):

Is a citizen of:

By birth

or By naturalization

Was naturalized on:

date) at:

(place)

Naturalization number:

Former spouse's name:

(first)(middle)(maiden)(last)

Address:

Home phone:

Cell phone:

Birth date:

Social Security number:

Date of death (if applicable):

Location:

Date of marriage to you:

Location:

Date of divorce from you:

Court where divorce is recorded:

Children

Child's name:

(first)(middle)(maiden)(last)

Birth date:

Parents' names:

Social Security number:

Marital status:

Address:

Home phone:

Cell phone:

Child's name:

(first)(middle)(maiden)(last)

Birth date:

Parents' names:

Social Security number:

Marital status:



Family Information
Family Records Organizer

Address:

Home phone:

Cell phone:

Child's name:

(first)(middle)(maiden)(last)

Birth date:

Parents' names:

Social Security number:

Marital status:

Address:

Home phone:

Cell phone:

Child's name:

(first)(middle)(maiden)(last)

Birth date:

Parents' names:

Social Security number:

Marital status:

Address:

Home phone:

Cell phone:

Grandchildren

Grandchild's name:

(first)(middle)(maiden)(last)

Birth date:

Parents' names:

Social Security number:

Marital status:

Address:

Home phone:

Cell phone:

Grandchild's name:

(first)(middle)(maiden)(last)

Birth date:

Parents' names:

Social Security number: _____ Marital status: _____
Address: _____
Home phone: _____ Cell phone: _____

Grandchild's name: _____
(first) (middle) (maiden) (last)
Birth date: _____ Parents' names: _____
Social Security number: _____ Marital status: _____
Address: _____
Home phone: _____ Cell phone: _____

Grandchild's name: _____
(first) (middle) (maiden) (last)
Birth date: _____ Parents' names: _____
Social Security number: _____ Marital status: _____
Address: _____
Home phone: _____ Cell phone: _____

Grandchild's name: _____
(first) (middle) (maiden) (last)
Birth date: _____ Parents' names: _____
Social Security number: _____ Marital status: _____
Address: _____
Home phone: _____ Cell phone: _____

Siblings

Sibling's name: _____
Birth date: _____ Home Phone: _____ Cell Phone: _____
Address: _____

Sibling's name: _____
Birth date: _____ Home Phone: _____ Cell Phone: _____
Address: _____

Special Friends

Name of friend with whom I am in constant contact: _____
Address: _____ Phone: _____
Name of friend with whom I am in constant contact: _____
Address: _____ Phone: _____



WORK INFORMATION

Why are your work details important? It can make it easier for someone to access your benefit information, like health care and retirement accounts, if necessary.

Employer: _____
Address of employer: _____ Dates of employment: _____
Title: _____
Work phone: _____
Home phone: _____
Name of personal assistant (if any): _____
Phone: _____
Name of supervisor: _____
Phone: _____
HR/benefits contact: _____
Phone: _____

Spouse's employer: _____
Address of spouse's employer: _____ Dates of employment: _____
Title: _____
Work phone: _____

Name of personal assistant (if any): _____
Phone: _____
Name of supervisor: _____
Phone: _____
HR/benefits contact: _____
Phone: _____



PROFESSIONAL SERVICE PROVIDERS

Be sure to list all your advisors, such as your financial advisor, accountant, or lawyer. These professionals can offer critical support to your loved ones in case something happens to you.

Attorney's name: _____ Law firm: _____
Website: _____ Email: _____ Phone: _____

Accountant's name: _____ Firm name: _____
Website: _____ Email: _____ Phone: _____

Financial planner's name: _____ Firm name: _____
Website: _____ Email: _____ Phone: _____

Other advisor's name: _____ Firm name: _____
Profession: _____
Website: _____ Email: _____ Phone: _____

Other advisor's name: _____ Firm name: _____
Profession: _____
Website: _____ Email: _____ Phone: _____

HEALTH CARE

Similar to knowing who to turn to for financial concerns, being able to contact your regular physicians can help others ensure you get the best medical care possible.

Personal physician's name: _____ Phone: _____

Website: _____ Email: _____

Personal physician's name: _____ Phone: _____

Website: _____ Email: _____

Specialist physician's name: _____ Phone: _____

Website: _____ Email: _____

Area of specialization: _____

Specialist physician's name: _____ Phone: _____

Website: _____ Email: _____

Area of specialization: _____

Dentist's name: _____ Phone: _____

Website: _____ Email: _____

Other health care professional's name: _____ Phone: _____

Profession: _____

Website: _____ Email: _____

Prescriptions and pharmacies: _____ Phone: _____

Website: _____ Email: _____



Note any allergies or illnesses:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



INSURANCE POLICIES

After an accident or other event, your family may need to contact your insurance provider. Be sure to include policies that you own, policies where you are listed as the insured, and policies that you receive through your employer.

Life Insurance

Insurance company: _____ Type of policy: _____ Policy number: _____

Face amount of policy: _____ Loans outstanding? yes ☐ no ☐

Owner of policy: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Insurance agent's name: _____ Phone: _____

Name of agency: _____

Website: _____ Username: _____ Password: _____

Insurance company: _____ Type of policy: _____ Type of policy: _____

Face amount of policy: _____ Loans outstanding? yes ☐ no ☐

Owner of policy: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Insurance agent's name: _____ Phone: _____

Name of agency: _____

Website: _____ Username: _____ Password: _____

Insurance company: _____ Type of policy: _____ Type of policy: _____

Face amount of policy: _____ Loans outstanding? yes ☐ no ☐

Owner of policy: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Insurance agent's name: _____ Phone: _____

Name of agency: _____

Website: _____ Username: _____ Password: _____

Insurance company: _____ Type of policy: _____ Type of policy: _____

Face amount of policy: _____ Loans outstanding? yes ☐ no ☐

Owner of policy: _____

Insured: _____

Primary beneficiary: _____

Secondary beneficiary: _____

Insurance agent's name: _____ Phone: _____

Name of agency: _____

Website: _____ Username: _____ Password: _____

Homeowner's or Renter's Insurance

Primary residence policy number: _____

Insurance company: _____

Insurance agent: _____ Name of agency: _____

Website: _____ Phone: _____

Second home policy number: _____

Insurance company: _____

Insurance agent: _____ Name of agency: _____

Website: _____ Phone: _____

Excess liability insurance (i.e., umbrella policy) policy number: _____
Insurance company: _____
Insurance agent: _____ Name of agency: _____
Website: _____ Phone: _____

Disability Insurance

Description of coverage: _____
Insurance company: _____
Agent: _____ Phone: _____
Website: _____
Premiums paid with: pretax dollars ☐ after-tax dollars ☐

Long-Term Care Insurance

Description of coverage: _____
Insurance company: _____
Agent: _____ Phone: _____
Website: _____

Automobile Insurance

Insured automobile: _____
Insurance company: _____
Insurance agent: _____ Name of agency: _____
Website: _____ Phone: _____

Insured automobile: _____
Insurance company: _____
Insurance agent: _____ Name of agency: _____
Website: _____ Phone: _____



FINANCIAL INFORMATION

A complete listing of all your financial accounts can make it easier for your family to access funds and make sure none of your assets are overlooked.

Current Sources of Income

Employer: _____
Monthly income: _____ Direct deposit: yes ☐ no ☐

Employer: _____
Monthly income: _____ Direct deposit: yes ☐ no ☐

Other: _____
Monthly income: _____ Direct deposit: yes ☐ no ☐

Social Security monthly income: _____
Social Security monthly income: _____

Pension monthly income: _____ Includes COLA? _____
Name of institution/payer: _____
Website: _____ Username: _____ Password: _____
Phone number: _____
Primary beneficiary: _____ Terms and conditions: _____

Veterans benefits monthly income: _____ Includes COLA? _____ Service branch: _____
Dates of service: _____
Service/serial number: _____ Final rank: _____

Employer Retirement Plans (401(k)s) and Individual Retirement Accounts (IRAs)

Type of plan/account: _____ Am taking required distributions: yes ☐ no ☐
Name of institution: _____
Website: _____ Phone: _____
Username: _____ Password: _____
Primary beneficiary: _____
Secondary beneficiary: _____

Type of plan/account: _____ Am taking required distributions: yes ☐ no ☐
Name of institution: _____
Website: _____ Phone: _____
Username: _____ Password: _____
Primary beneficiary: _____
Secondary beneficiary: _____

Type of plan/account: _____ Am taking required distributions: yes ☐ no ☐
Name of institution: _____
Website: _____ Phone: _____
Username: _____ Password: _____
Primary beneficiary: _____
Secondary beneficiary: _____

Checking, Savings, Annuity, and Investment Accounts

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____
Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____
Username: _____ Password: _____

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____
Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____
Username: _____ Password: _____

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____
Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____
Username: _____ Password: _____

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____
Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____
Username: _____ Password: _____

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____
Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____
Username: _____ Password: _____

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____

Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____
Username: _____ Password: _____

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____
Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____
Username: _____ Password: _____

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____
Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____
Username: _____ Password: _____

Type of account: _____
Owner(s): _____
Joint owners or power of attorney (if applicable): _____
Name of institution: _____
Account number(s): _____ Password(s): _____
Contact person or website: _____ Phone: _____
Username: _____ Password: _____

Other Assets and Liabilities

Primary residence address: _____
Owner(s): _____ Rent ☐ Own ☐
Mortgage lending institution: _____ Phone: _____
Account number(s): _____ Website: _____
First mortgage: _____ Second mortgage: _____ Line of credit: _____

Second home address: _____
Owner(s): _____ Rent ☐ Own ☐
Mortgage lending institution: _____ Phone: _____
Account number(s): _____ Website: _____
First mortgage: _____ Second mortgage: _____ Line of credit: _____

Other real estate address: _____
Renter(s)/occupant(s): _____
Other information: _____

Home Repair/Service

Name: _____ Trade: _____
Phone/Email: _____ Website: _____

Name: _____ Trade: _____
Phone/Email: _____ Website: _____

Utility Providers

Phone: _____	Internet: _____	Subscription services: _____
Phone: _____	Internet: _____	Subscription services: _____
Phone: _____	Internet: _____	Subscription services: _____
Phone: _____	Internet: _____	Subscription services: _____
Phone: _____	Internet: _____	Subscription services: _____

Lawn/Pool Care Provider

Phone: _____ Internet: _____ Subscription services : _____
Phone: _____ Internet: _____ Subscription services : _____



AUTOMOBILES AND OTHER VEHICLES

Cars and other vehicles are significant assets—you should take stock of them just as you would a bank or investment account.

Vehicle: _____

Tag number: _____

Owner(s): _____

Where housed: _____

Lending or leasing institution: _____

Website: _____

Phone: _____

Vehicle: _____

Tag number: _____

Owner(s): _____

Where housed: _____

Lending or leasing institution: _____

Website: _____

Phone: _____

Vehicle: _____

Tag number: _____

Owner(s): _____

Where housed: _____

Lending or leasing institution: _____

Website: _____

Phone: _____



CREDIT CARDS AND DIGITAL WALLET INFORMATION

Having all your credit card information in one place can be useful not only if something happens to you, but if a card is ever lost or stolen. Be sure to include all credit cards, including store-issued ones.

Name of Company	Account Number	Joint Owner(s)	Website/Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ESTATE DOCUMENTATION AND IMPORTANT INFORMATION

Clear details on how to access your will and other estate documents can help avoid confusion and help your family make sure your last wishes are carried out.

Will

☐ I do not have a will. ☐ My spouse does not have a will.

Date of most recent will or codicil: _____

Location of will and codicils: _____

Estate planning attorney's name: _____ Phone: _____

Law firm: _____ Email: _____

Website: _____

Executor's name: _____ Phone: _____

Website: _____ Email: _____

Trustee for trusts under will: _____ Phone: _____

Successor trustee for trusts under will: _____ Phone: _____

Guardian's name: _____ Relationship to minor children: _____

Email: _____ Phone: _____



Revocable Living Trust

☐ I do not have a revocable living trust. ☐ My spouse does not have a revocable living trust.

Name: _____

Spouse's Name: _____

Date of revocable living trust agreement: _____ Dates of amendments: _____

Location of original trust document and amendments: _____

Have funded the trust: yes ☐ no ☐

Are some of my assets still outside the trust? yes ☐ no ☐

Name of current trustee of revocable living trust: _____ Phone: _____

Address: _____

Name of successor trustee of revocable living trust: _____ Phone: _____

Address: _____



POWERS OF ATTORNEY

Similar to keeping your will easily accessible, having your powers of attorney at hand can help your trusted agents act quickly on your behalf.

Power of attorney forms completed for specific investment accounts: yes ☐ no ☐

Institutions where the investment accounts are held: _____

Name of your attorney-in-fact or agent: _____

Email: _____ Website: _____

Attorney's name who prepared your document(s): _____

Email: _____

Health care power of attorney: yes ☐ no ☐ Durable: yes ☐ no ☐ Date signed: _____

Name of agent: _____ Phone: _____

Email: _____

Living will: yes ☐ no ☐ Date signed: _____

Name of agent: _____ Phone: _____

Email: _____

Organ donor papers: yes ☐ no ☐ Date signed: _____



LOCATION OF RECORDS

Taking care of an estate is a complex task. Having the right documentation, all in one place, can make it easier for your executor and family members.

	Deposit Box	Other Locations
Key to safe deposit box	<input type="checkbox"/>	_____
Original will and codicils	<input type="checkbox"/>	_____
Copy of will and codicils	<input type="checkbox"/>	_____
Original revocable living trust agreement and amendments	<input type="checkbox"/>	_____
Copy of revocable living trust agreement and amendments	<input type="checkbox"/>	_____
Power of attorney for financial matters	<input type="checkbox"/>	_____
Living will	<input type="checkbox"/>	_____
Organ donor papers	<input type="checkbox"/>	_____
Certificates of title to automobiles	<input type="checkbox"/>	_____
Birth certificates	<input type="checkbox"/>	_____
Marriage certificate	<input type="checkbox"/>	_____

Divorce decree	<input type="checkbox"/>	_____
Income tax records	<input type="checkbox"/>	_____
Veterinary papers for pets	<input type="checkbox"/>	_____
Keys to home(s) and car(s)	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	_____

Access authorized to: _____

Name of institution: _____

Address: _____

Box (or account) number: _____ Location of key: _____

Co-owner of box (if any): _____



ASSETS AND PASSWORDS

In an increasingly digital world, access to your computers and online accounts is critical to helping your family take care of your affairs.

Desktop computer: _____	Password: _____
Laptop computer 1: _____	Password: _____
Laptop computer 2: _____	Password: _____
iPad/tablet 1: _____	Password: _____
iPad/tablet 2: _____	Password: _____
Cell phone 1: _____	Password: _____
Cell phone 2: _____	Password: _____
Primary home alarm system: _____	Password: _____
Secondary home alarm system: _____	Password: _____
App 1: _____	Password: _____
App 2: _____	Password: _____
App 3: _____	Password: _____
Facebook: _____	Password: _____

LinkedIn: _____ Password: _____

Instagram: _____ Password: _____

Twitter: _____ Password: _____

Information About Special Family Heirlooms, Papers, etc.:

[illegible]

PETS

Your pets are cherished members of the family. Capturing their information can help make sure they're cared for if anything happens to you.

Name: _____ Approximate current age: _____

Name: _____ Approximate current age: _____

Name: _____ Approximate current age: _____

Kennel or caregiver and/or walker: _____ Phone: _____

Veterinarian's name: _____ Name of practice: _____
Website: _____ Phone: _____

Groomer: _____ Name of practice: _____
Phone: _____ Email: _____

Pet Insurance

Description of coverage: _____

Insurance company: _____

Policy number: _____

Website: _____ Phone: _____ Email: _____

Special Information (Special Care, Dietary Needs, Medicines, Etc.):

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RELIGIOUS AND FUNERAL INFORMATION

If you have preplanned any of your funeral or other arrangements, making sure your family has these details at hand can help ease their burden during a difficult time.

Arrangements made with funeral home or cemetery: yes ☐ no ☐ Prepaid: yes ☐ no ☐

Name of funeral home: _____

Website: _____ Phone: _____

Contact person: _____ Email: _____

Name of church: _____

Address: _____

Phone: _____ Email: _____

Clergy: _____

Name of cemetery: _____

Address: _____

Plot location (if any): _____ Phone: _____

Contact person: _____ Email: _____

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