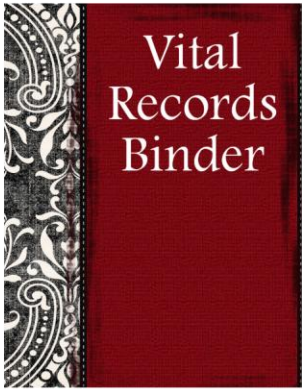
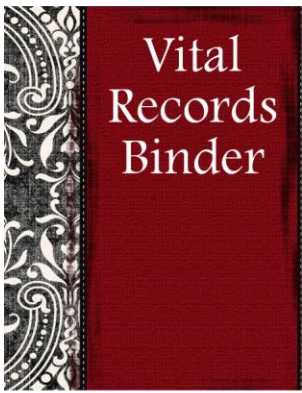




Vital Records Binder







Section I

Addresses:

ICE - In case of Emergency Contacts

Family Emergency Plan

Name, Address, Phone #'s, Emails of Family,
Friends, Business, Christmas Card List . . . etc.

Neighborhood Block Plan - List of Block Captains



Section 2

Medical:

Business Cards for Doctor's, Orthodontists,
Specialists, Veterinarian . . . etc.

Dental Records (Copies of X-Rays)

Health, Dental & Vision Insurance Cards

Copy of Health Insurance Policy

Immunizations for each family member

Medical History, list of Medications taken,

Copies of prescriptions for each family member

Medical Release Forms

Pet Records



Section 3

Automobile & Vehicle:

Auto Policy, Insurance card on each car (copy)

Auto Loan Documents (copy)

Copy of Title or Leases

Recreational Vehicle/Boat Titles/Loans

Warrenty, Record of Repairs

Radio Station for the Weather in your area



Section 4

Church:

Membership Records (Print Out Copy)
(Get from Ward Clerk)

Important Church Certificates, Ordinances,
Patriarchal Blessings (Copies)

R.S. Phone Lists, Ward & Stake Directory

(Print from ward/branch online website @ lds.org)



Section 5

Education:

Diplomas (Copy)

Class Schedules for family members

Maps of the Schools

School Calendars

Transcripts (Copies)

School Emergency Procedures

School Websites



Section 6

Employment:

Resume

Employment Information

Retirement Pension, Profit Sharing Plans

Wage Statement/Copy most recent paycheck stub

Social Security Annual Statement



Section 7

Estate Planning:

Advanced Directive,

Durable power of Attorney for
Health Care

Financial Power of Attorney

Final Instructions

Documentation of Prepaid fees to cemetery and
Funeral Home (Contracts)



Section 8

Family:

Individual Family

Member Information:

Pictures of Family members (Current & in color)
Child ID and DNA
Adoption, Birth, Citizenship, Divorce, Marriage,
Death Certificates (copies)
Drivers License (color copies)
Military Record of Service (copies)
Passports (color copies)
Social Security Cards (Copies)
Fingerprint Cards
Scanned Vital Records CD - Include all legal
documents.



Section 9

Financial:

Bank Name, Account #'s, (Deposit Slips & Business Cards)

Credit Cards, Credit card Info. if lost phone #'s (Color Copies)

Investments - Annuity Contracts, bonds, CD's, IRA's

Stock Certificates

Mutual Funds, Money Markets

Safe Deposit Box #, Location, List of Contents

Tax Return (Copies from the last 3 years)

Emergency Quick Cash



Section 10

Genealogy:

Backup/Gedcom - on CD, floppy or flash drive
Printed Copy of Index, Pedigree Chart and Family
Group Sheets
Add a print-out of all pictures in thunbprint form
with the file name



Section II

Home:

House and Car Keys (copies)

Food Storage Inventory

Evacuation Plan and Escape Routes

Record of Home Repairs, Maintenance . . . etc.

Passwords

Home Owner's Insurance



Section 12

Housing:

Appraisal (copy)

Mortgage Statements (copy)

Deeds (copy)

Homeowners or Renters Insurance and Coverage Information (copy)

Property Taxes Bill (Recent)

Land Survey (Copy)

Title Policy (Copy)

Home Inventory List with Photo's, Video, and Appraisals (copies)



Section 13

Insurance:

Disability Insurance

Life Insurance Policy

Long Term Care Insurance

Medicare/Medigap, Medicaid

Travel Insurance

Work Related Insurance Information



Section 14

Photos:

Backup/Gedcom - on CD, floppy or flash drive
Back up with outside source: Carbonite,
Mozy . . . etc.

CD, Memory Stick or Negatives of Important
Pictures and Keepsakes
Milestone Memories



Section 15

Miscellaneous:

Table of Contents

Addresses:

ICE - In case of Emergency Contacts
Family Emergency Plan
Name, Address, Phone #'s, Emails of Family,
Friends, Business, Christmas Card List . . . etc.
Neighborhood Block Plan - List of Block Captains

Medical:

Business Cards for Doctor's, Orthodontists,
Specialists, Veterinarian . . . etc.
Dental Records (Copies of X-Rays)
Health, Dental & Vision Insurance Cards
Copy of Health Insurance Policy
Immunizations for each family member
Medical History, list of Medications taken,
Copies of prescriptions for each family member
Medical Release Forms
Pet Records

Automobile & Vehicle:

Auto Policy, Insurance card on each car (copy)
Auto Loan Documents (copy)
Copy of Title or Leases
Recreational Vehicle/Boat Titles/Loans
Warranty, Record of Repairs
Radio Station for the Weather in your area

Church:

Membership Records (Print Out Copy)
(Get from Ward Clerk)
Important Church Certificates, Ordinances,
Patriarchal Blessings (Copies)
R.S. Phone Lists, Ward & Stake Directory
(Print from ward/branch online website @ lds.org)

Education:

Diplomas (Copy)
Class Schedules for family members
Maps of the Schools
School Calendars
Transcripts (Copies)
School Emergency Procedures
School Websites

Table of Contents

Employment:

- Resume
- Employment Information
- Retirement Pension, Profit Sharing Plans
- Wage Statement/Copy most recent paycheck stub
- Social Security Annual Statement

Estate Planning:

- Advanced Directive, Durable power of Attorney for Health Care
- Financial Power of Attorney
- Final Instructions
- Documentation of Prepaid fees to cemetery and Funeral Home (Contracts)

Family:

Individual Family Member Information:

- Pictures of Family members (Current & in color)
- Child ID and DNA
- Adoption, Birth, Citizenship, Divorce, Marriage, Death Certificates (copies)
- Drivers License (color copies)
- Military Record of Service (copies)
- Passports (color copies)
- Social Security Cards (Copies)
- Fingerprint Cards
- Scanned Vital Records CD - Include all legal documents.

Financial:

- Bank Name, Account #'s, (Deposit Slips & Business Cards)
- Credit Cards, Credit card Info. if lost phone #'s (Color Copies)
- Investments - Annuity Contracts, bonds, CD's, IRA's
- Stock Certificates
- Mutual Funds, Money Markets
- Safe Deposit Box #, Location, List of Contents
- Tax Return (Copies from the last 3 years)
- Emergency Quick Cash

Table of Contents

Genealogy:

Backup/Gedcom - on CD, floppy or flash drive
Printed Copy of Index, Pedigree Chart and Family Group Sheets
Add a print-out of all pictures in thumbprint form with the file name.

Home:

House and Car Keys (copies)
Food Storage Inventory
Evacuation Plan and Escape Routes
Record of Home Repairs, Maintenance . . . etc.
Passwords
Home Owner's Insurance

Housing:

Appraisal (copy)
Mortgage Statements (copy)
Deeds (copy)
Homeowners or Renters Insurance and Coverage
Information (copy)
Property Taxes Bill (Recent)
Land Survey (Copy)
Title Policy (Copy)
Home Inventory List with Photo's, Video, and
Appraisals (copies)

Insurance:

Disability Insurance
Life Insurance Policy
Long Term Care Insurance
Medicare/Medigap, Medicaid
Travel Insurance
Work Related Insurance Information

Photos:

Backup/Gedcom - on CD, floppy or flash drive
Back up with outside source: Carbonite,
Mozy . . . etc.
CD, Memory Stick or Negatives of Important
Pictures and Keepsakes
Milestone Memories

Miscellaneous:

I.C.E.

In Case of Emergency Phone #'s

Family Emergency Contact Information

Name & Street Address	Relationship	Home Phone #	Cell #
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			
Name: Address:			

Make as many copies as you need to complete your FAMILY EMERGENCY CONTACT INFORMATION.

Family Emergency Plan

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your **Vital Records Binder**, your 72 Hour Kits or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name:	
Email:	
Neighborhood Meeting Place:	
Our-of-Neighborhood Meeting Place:	
Out-of-Town Meeting Place:	
Home Phone:	
Cell Phone:	
Work Phone:	
Work Phone:	
Other:	

Important Information:	Name:	Phone Number:	Policy Number:
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			
Dial 911 for Emergencies!			

Family Information

Fill out the following information for each family member and keep it up to date!

Name:	
Date of Birth:	
Social Security #:	
Important Medical Information:	

Write down where your family spends the most time: work, school and other places you frequent. Schools daycare providers, workplaces and apartment buildings should all have sit-specific emergency plans that you and your family need to know about.

School:	
Address/Location:	
Phone:	
Evacuation Location:	
Work:	
Address:	
Phone:	
Evacuation Location:	

Other Places You Can Find Me:

Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	

Family Information

Fill out the following information for each family member and keep it up to date!

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Date of Birth:	
Social Security #:	
Important Medical Information:	

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School:	
Address/Location:	
Phone:	
Evacuation Location:	
Work:	
Address:	
Phone:	
Evacuation Location:	

Other Places You Can Find Me:

Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	

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Important Medical Information:	

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School:	
Address/Location:	
Phone:	
Evacuation Location:	
Work:	
Address:	
Phone:	
Evacuation Location:	

Other Places You Can Find Me:

Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	

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Social Security #:	
Important Medical Information:	

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School:	
Address/Location:	
Phone:	
Evacuation Location:	
Work:	
Address:	
Phone:	
Evacuation Location:	

Other Places You Can Find Me:

Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	

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Fill out the following information for each family member and keep it up to date!

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Date of Birth:	
Social Security #:	
Important Medical Information:	

Write down where your family spends the most time: work, school and other places you frequent. Schools daycare providers, workplaces and apartment buildings should all have sit-specific emergency plans that you and your family need to know about.

School:	
Address/Location:	
Phone:	
Evacuation Location:	
Work:	
Address:	
Phone:	
Evacuation Location:	

Other Places You Can Find Me:

Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	

Family Information

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Date of Birth:	
Social Security #:	
Important Medical Information:	

Write down where your family spends the most time: work, school and other places you frequent. Schools daycare providers, workplaces and apartment buildings should all have sit-specific emergency plans that you and your family need to know about.

School:	
Address/Location:	
Phone:	
Evacuation Location:	
Work:	
Address:	
Phone:	
Evacuation Location:	

Other Places You Can Find Me:

Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	

Family Information

Fill out the following information for each family member and keep it up to date!

Name:	
Date of Birth:	
Social Security #:	
Important Medical Information:	

Write down where your family spends the most time: work, school and other places you frequent. Schools daycare providers, workplaces and apartment buildings should all have sit-specific emergency plans that you and your family need to know about.

School:	
Address/Location:	
Phone:	
Evacuation Location:	
Work:	
Address:	
Phone:	
Evacuation Location:	

Other Places You Can Find Me:

Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	

Family Information

Fill out the following information for each family member and keep it up to date!

Name:	
Date of Birth:	
Social Security #:	
Important Medical Information:	

Write down where your family spends the most time: work, school and other places you frequent. Schools daycare providers, workplaces and apartment buildings should all have sit-specific emergency plans that you and your family need to know about.

School:	
Address/Location:	
Phone:	
Evacuation Location:	
Work:	
Address:	
Phone:	
Evacuation Location:	

Other Places You Can Find Me:

Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	

Family Emergency Plan

Additional Family Members Information

Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	

This is information that is kept in a central location. Parent's who have married children and grandchildren will want to keep this information on hand in the event of an emergency.

Family Emergency Plan

Additional Family Members Information

Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	

This is information that is kept in a central location. Parent's who have married children and grandchildren will want to keep this information on hand in the event of an emergency.

Family Emergency Plan

Additional Family Members Information

Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	
Name:	
Date of Birth:	
Social Security Number:	
Important Medical Information:	

This is information that is kept in a central location. Parent's who have married children and grandchildren will want to keep this information on hand in the event of an emergency.

Family

Names, Addresses, Phone #'s, & Emails

(Make as many copies as you need to complete your Family Information)

Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:

Family

Names, Addresses, Phone #'s, & Emails

(Make as many copies as you need to complete your Family Information)

Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:

Friends

Names, Addresses, Phone #'s, & Emails

(Make as many copies as you need to complete your Family Information)

Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:

Friends

Names, Addresses, Phone #'s, & Emails

(Make as many copies as you need to complete your Family Information)

Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:
Name	Address:	
	City/State:	Zip Code:
	P.O. Box:	Phone #:
	Email:	Cell Phone #:
	Email:	Work #:

Business

Names, Addresses, Phone #'s, & Emails

(Make as many copies as you need to complete your Family Information)

Business Name:	Street Address:	
	City/State:	Zip:
Type of Business:	Mailing Address:	Email:
Account #:	Owner or Contact:	Phone #:
	Website:	
Business Name:	Street Address:	
Type of Business:	City/State:	Zip:
	Mailing Address:	Email:
Account #:	Owner or Contact:	Phone #:
	Website:	
Business Name:	Street Address:	
Type of Business:	City/State:	Zip:
	Mailing Address:	Email:
Account #:	Owner or Contact:	Phone #:
	Website:	
Business Name:	Street Address:	
Type of Business:	City/State:	Zip:
	Mailing Address:	Email:
Account #:	Owner or Contact:	Phone #:
	Website:	
Business Name:	Street Address:	
Type of Business:	City/State:	Zip:
	Mailing Address:	Email:
Account #:	Owner or Contact:	Phone #:
	Website:	

Business

Names, Addresses, Phone #'s, & Emails

(Make as many copies as you need to complete your Family Information)

Business Name:	Street Address:	
	City/State:	Zip:
Type of Business:	Mailing Address:	Email:
Account #:	Owner or Contact:	Phone #:
	Website:	
Business Name:	Street Address:	
Type of Business:	City/State:	Zip:
	Mailing Address:	Email:
Account #:	Owner or Contact:	Phone #:
	Website:	
Business Name:	Street Address:	
Type of Business:	City/State:	Zip:
	Mailing Address:	Email:
Account #:	Owner or Contact:	Phone #:
	Website:	
Business Name:	Street Address:	
Type of Business:	City/State:	Zip:
	Mailing Address:	Email:
Account #:	Owner or Contact:	Phone #:
	Website:	
Business Name:	Street Address:	
Type of Business:	City/State:	Zip:
	Mailing Address:	Email:
Account #:	Owner or Contact:	Phone #:
	Website:	

Christmas Card Lists

Names, Addresses, & Emails

(Make as many copies as you need to complete your Family Information)

Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	

Christmas Card Lists

Names, Addresses, & Emails

(Make as many copies as you need to complete your Family Information)

Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	
Name	Address:	
	City/State:	
	P.O. Box:	Zip Code:
	Email:	



Medical Business Cards

Doctor's, Orthodontists, Dentist, Physician,
Pediatrician, ENT, Specialist . . . etc.



Dental Records

Dental X-Rays and Records



Health Insurance Cards



Health Insurance Policy Records

Add a Copy of our Health Insurance Cards

and
Health Insurance Benefits Packets



Immunization Records

(Include the Immunization Record for each Family Member.)







Pet Records

Vet: _____

Phone Number: _____

Address: _____

Pet: _____

Breed: _____ Age: _____

Shot Records:

--

Pet: _____

Breed: _____ Age: _____

Shot Records:

--


Medical Information

Name:	
Doctor (Care Giver):	
Specialist:	
Address:	
Phone Number:	
Preferred Hospital:	
Last Seen:	
Reason:	
Notes:	
Name:	
Doctor (Care Giver):	
Specialist:	
Address:	
Phone Number:	
Preferred Hospital:	
Last Seen:	
Reason:	
Notes:	
Name:	
Doctor (Care Giver):	
Specialist:	
Address:	
Phone Number:	
Preferred Hospital:	
Last Seen:	
Reason:	
Notes:	
Name:	
Doctor (Care Giver):	
Specialist:	
Address:	
Phone Number:	
Preferred Hospital:	
Last Seen:	
Reason:	
Notes:	

Prescription Information

It's important to keep the information on this page current.

Name:	
Current Prescriptions:	
When did you start taking the medication:	
Prescribed Amount:	
Special Instructions:	
Medical Condition being treated:	
Doctor:	
Notes:	
Name:	
Current Prescriptions:	
When did you start taking the medication:	
Prescribed Amount:	
Special Instructions:	
Medical Condition being treated:	
Doctor:	
Notes:	
Name:	
Current Prescriptions:	
When did you start taking the medication:	
Prescribed Amount:	
Special Instructions:	
Medical Condition being treated:	
Doctor:	
Notes:	
Name:	
Current Prescriptions:	
When did you start taking the medication:	
Prescribed Amount:	
Special Instructions:	
Medical Condition being treated:	
Doctor:	
Notes:	

At-A-Glance Auto Information			
Name(s) of Family Members with Driver's Licenses	Driver's License Number(s)	License Plate Number(s)	Insured Driver 
	Driver's License #:	Vin #:	
	Expires:	License Plate:	
	Driver's License #:	Vin #:	
	Expires:	License Plate:	
	Driver's License #:	Vin #:	
	Expires:	License Plate:	
	Driver's License #:	Vin #:	
	Expires:	License Plate:	
Auto Insurance Information			
Insurance Company(s):	Policy Number(s):	Insurance Agent(s):	Deductable Amount:
		Name:	\$
		#:	\$
		Name:	\$
		#:	\$
Repair Shop(s):	Phone #'s:	Tow Shop(s):	Phone #'s:



Auto Insurance Cards


(One for Each Insured Car)




Copies of Auto Loan Documents



Copy of Titles or Leases



Recreational Vehicle Loans



Recreational Vehicle Titles



Recreational Vehicle Warranty Records

Auto Service and Repairs Record Sheet

Car Make & Model			Date Purchased:	
Owner:		License Plate #:	Vin #:	
Date:	Mileage:	Service or Repair	Shop:	Phone #:
Car Make & Model			Date Purchased:	
Owner:		License Plate #:	Vin #:	
Date:	Mileage:	Service or Repair	Shop:	Phone #:
Car Make & Model			Date Purchased:	
Owner:		License Plate #:	Vin #:	
Date:	Mileage:	Service or Repair	Shop:	Phone #:

Church Ordinance Record

Name: _____

Birth Date: _____

Blessing Date: _____

I Was Blessed By: _____

Baptism Date: _____

I Was Baptized By: _____

I Received My Faith In God: _____

I Received My Eagle: _____

Ordained a Deacon: _____

Ordained By: _____

Ordained a Teacher: _____

Ordained By: _____

Ordained a Priest: _____

Ordained By: _____

I Received My Duty to God: _____

Ordained an Elder: _____

Ordained By: _____

Mission Call: _____

Mission Dates: _____

My Endowment Date: _____

Temple: _____

Temple Marriage Date: _____

Temple: _____

Church Ordinance Record

Name: _____

Birth Date: _____

Blessing Date: _____

I Was Blessed By: _____

Baptism Date: _____

I Was Baptized By: _____

I Received My Faith In God: _____

I Received Personal Progress Award: _____

Mission Call: _____

Mission Dates: _____

My Endowment Date: _____

Temple: _____

Temple Marriage Date: _____

Temple: _____

Callings I Have Held: _____



Church Ordinance Record

Name: _____



High School Diploma

Name: _____

High School Attended: _____

Years Attended: _____



College Diploma

Name: _____

College Attended: _____

Year(s) Attended: _____



School Certificates

Name: _____

School Attended: _____

Year(s) Attended: _____

School Information			
Name:	First	Middle	Last
School:	School Name: Address: Website:		
Phone #'s:			
Teacher(s): Grade: _____		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
Emergency Contacts:			
Name:	Relationship:	1 st Phone #:	2 nd Phone #:
Notes:			

School Information			
Name:	First	Middle	Last
School:	School Name: Address: Website:		
Phone #'s:			
Teacher(s): Grade: _____		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
Emergency Contacts:			
Name:	Relationship:	1 st Phone #:	2 nd Phone #:
Notes:			

School Information			
Name:	First	Middle	Last
School:	School Name: Address: Website:		
Phone #'s:			
Teacher(s): Grade: _____		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
Emergency Contacts:			
Name:	Relationship:	1 st Phone #:	2 nd Phone #:
Notes:			

School Information

Name:	First	Middle	Last
School:	School Name: Address: Website:		
Phone #'s:			
Teacher(s): Grade: _____		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
Emergency Contacts:			
Name:	Relationship:	1st Phone #:	2nd Phone #:
Notes:			

School Information

Name:	First	Middle	Last
School:	School Name: Address: Website:		
Phone #'s:			
Teacher(s): Grade: _____		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
Emergency Contacts:			
Name:	Relationship:	1st Phone #:	2nd Phone #:
Notes:			

School Information			
Name:	First	Middle	Last
School:	School Name: Address: Website:		
Phone #'s:			
Teacher(s): Grade: _____		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
		Email:	
Emergency Contacts:			
Name:	Relationship:	1 st Phone #:	2 nd Phone #:
Notes:			



School Maps

Name: _____


School: _____



School Calendars

Name: _____

School: _____



School Transcripts

Name: _____

School: _____



School

Emergency Evacuation Procedures

Name: _____

School: _____

Employment Information Record Sheet

Name:	First	Middle	Last				
Occupation:							
Position:							
Employer:							
Phone Number:							
Address:	Street:						
	City:						
	State/Zip:						
Job Description:							
Education:							
Special Training:							
Benefits:							
Date Started:		Ending Date:					
Insurance Benefits:	Insurance Information:						
	Insurance Company:						
	Policy #:						
	Who Is Covered Under This Insurance:						
	Name:						
	Name:						
	Name:						
	Name:						
	Name:						
	Name:						
Frequency of Payment:	Weekly:	Bi-Weekly:	Semi-Monthly:	Monthly:	Other:		
Work Schedule:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employment Information Record Sheet

Name:	First	Middle	Last				
Occupation:							
Position:							
Employer:							
Phone Number:							
Address:	Street:						
	City:						
	State/Zip:						
Job Description:							
Education:							
Special Training:							
Benefits:							
Date Started:		Ending Date:					
Insurance Benefits:	Insurance Information:						
	Insurance Company:						
	Policy #:						
	Who Is Covered Under This Insurance:						
	Name:						
	Name:						
	Name:						
	Name:						
	Name:						
	Name:						
Frequency of Payment:	Weekly:	Bi-Weekly:	Semi-Monthly:	Monthly:	Other:		
Work Schedule:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employment Information Record Sheet

Name:	First	Middle	Last				
Occupation:							
Position:							
Employer:							
Phone Number:							
Address:	Street:						
	City:						
	State/Zip:						
Job Description:							
Education:							
Special Training:							
Benefits:							
Date Started:		Ending Date:					
Insurance Benefits:	Insurance Information:						
	Insurance Company:						
	Policy #:						
	Who Is Covered Under This Insurance:						
	Name:						
	Name:						
	Name:						
	Name:						
	Name:						
Frequency of Payment:	Weekly:	Bi-Weekly:	Semi-Monthly:	Monthly:	Other:		
Work Schedule:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



Retirement Pension



Profit Sharing Plans



Wage Statement

Copy of Most Recent Paycheck Stub



Social Security Annual Statement



Advanced Directive

**Durable Power of Attorney for Health Care
Documents and Forms**



Will

Insert a Copy of your Will



Trust

Insert a Copy of your Trust



Financial Power of Attorney

Documents and Forms



Final Instructions

Documents and Forms



Documentation of Prepaid Fees

to Cementery and Funeral Home
Documents, Forms, and Contracts



Family Pictures

Include ONE for each year.

Name: _____

Date: _____

Age: _____

Photo Description:

Name: _____

Date: _____

Age: _____

Photo Description:

Name: _____

Date: _____

Age: _____

Photo Description:

Name: _____

Date: _____

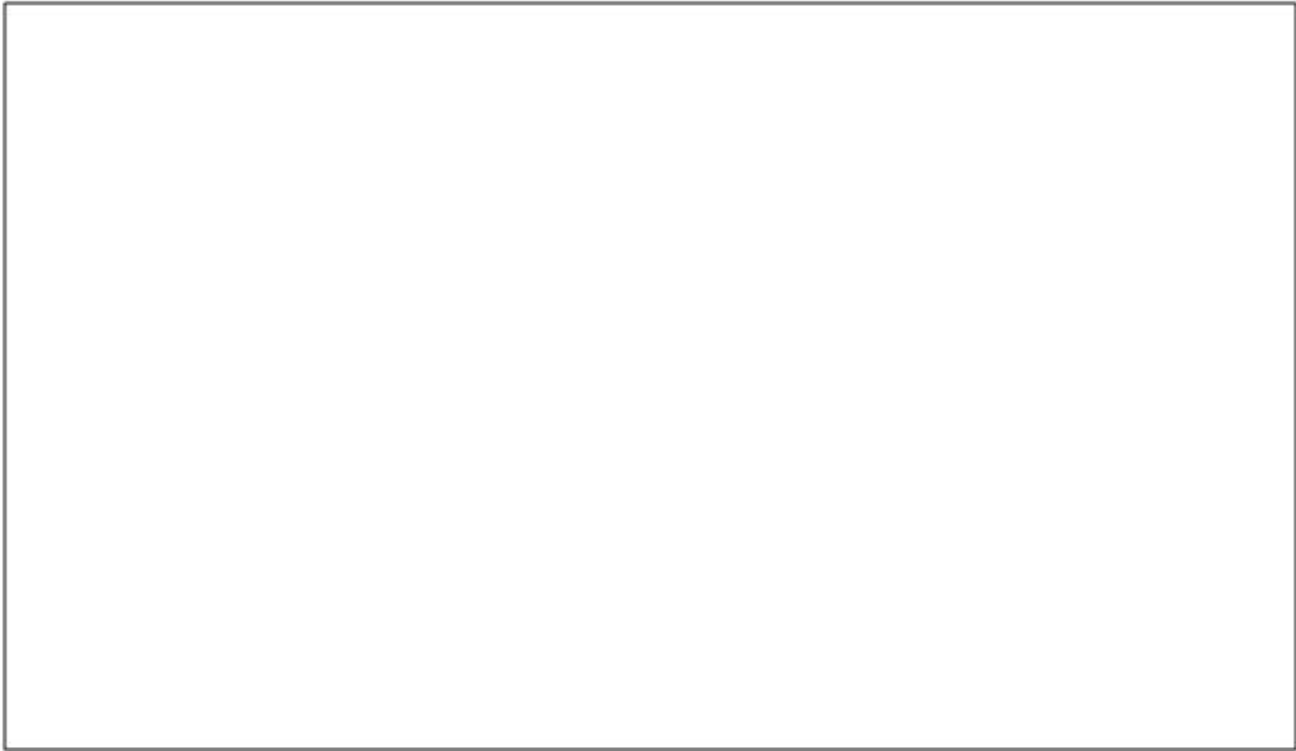
Age: _____

Photo Description:

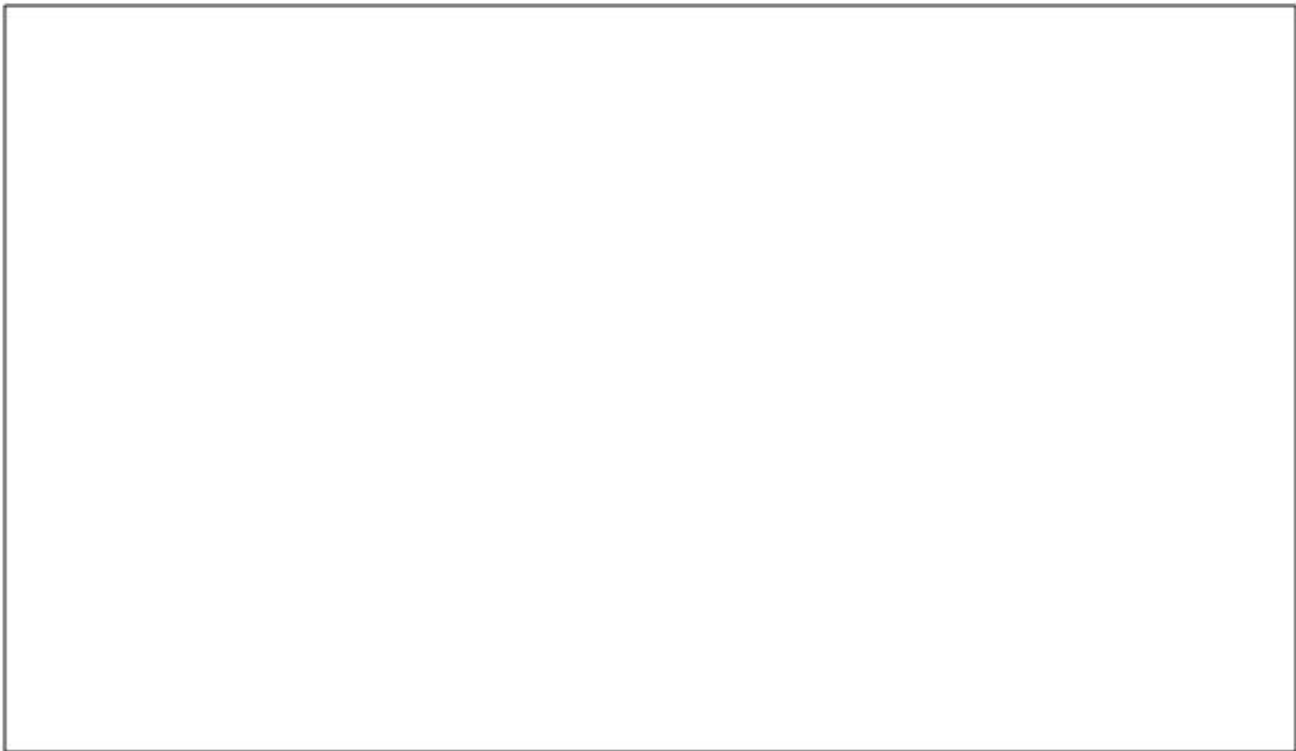


Child ID and DNA

Name: _____



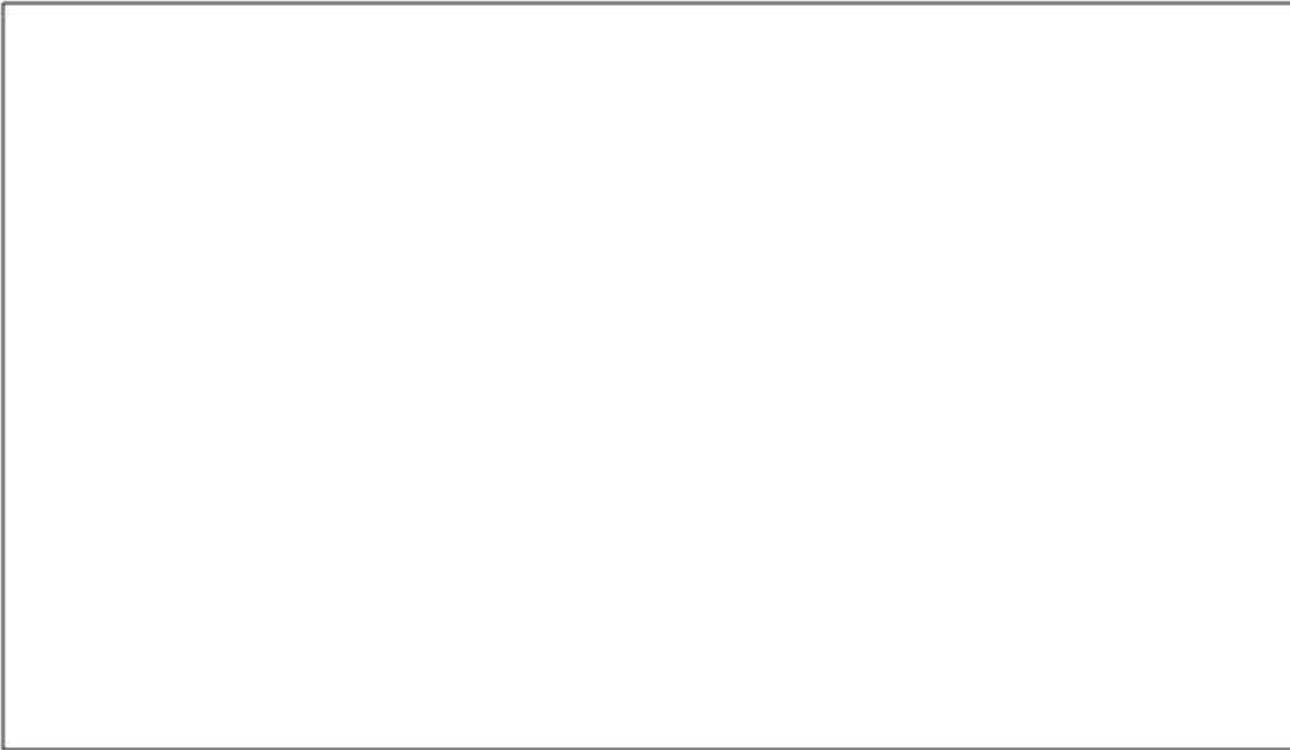
Toothprints Wafer



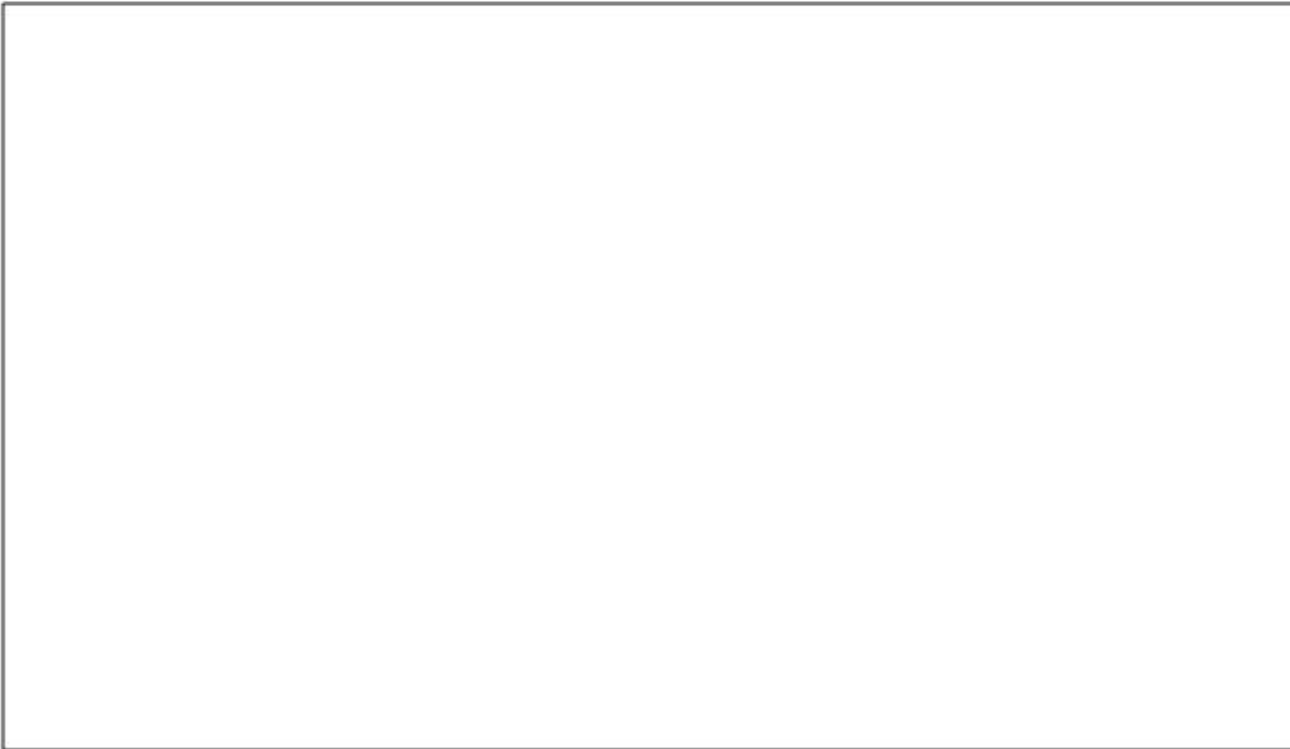
Hair Sample

Child ID and DNA

Name: _____



Pictures of Birthmarks or Unique Features



Pictures of Birthmarks or Unique Features





Adoption Records

Name: _____



Birth Certificate

Name: _____



Citizenship Documents

Name: _____



Divorce Documents



Marriage Certificate

For: _____

Date of Marriage: _____




Death Certificates

Name: _____

Date of Birth: _____

Date of Death: _____



Driver's License

**Include copies of each driver in the home or family.
Copy the front and back sides of the Driver's License.**



Military Records

Name: _____



Passports

Name: _____

Issue Date: _____



Social Security Cards

**Include the originals or copies of each person's
Social Security Card.**

**If you are including a copy, make sure to include
both the front and back side.**

Fingerprint Cards

Name: _____



Right
Thumb



Right Index
Finger



Right Middle
Finger



Right Ring
Finger



Right Pinkie
Finger



Left
Thumb



Left Index
Finger



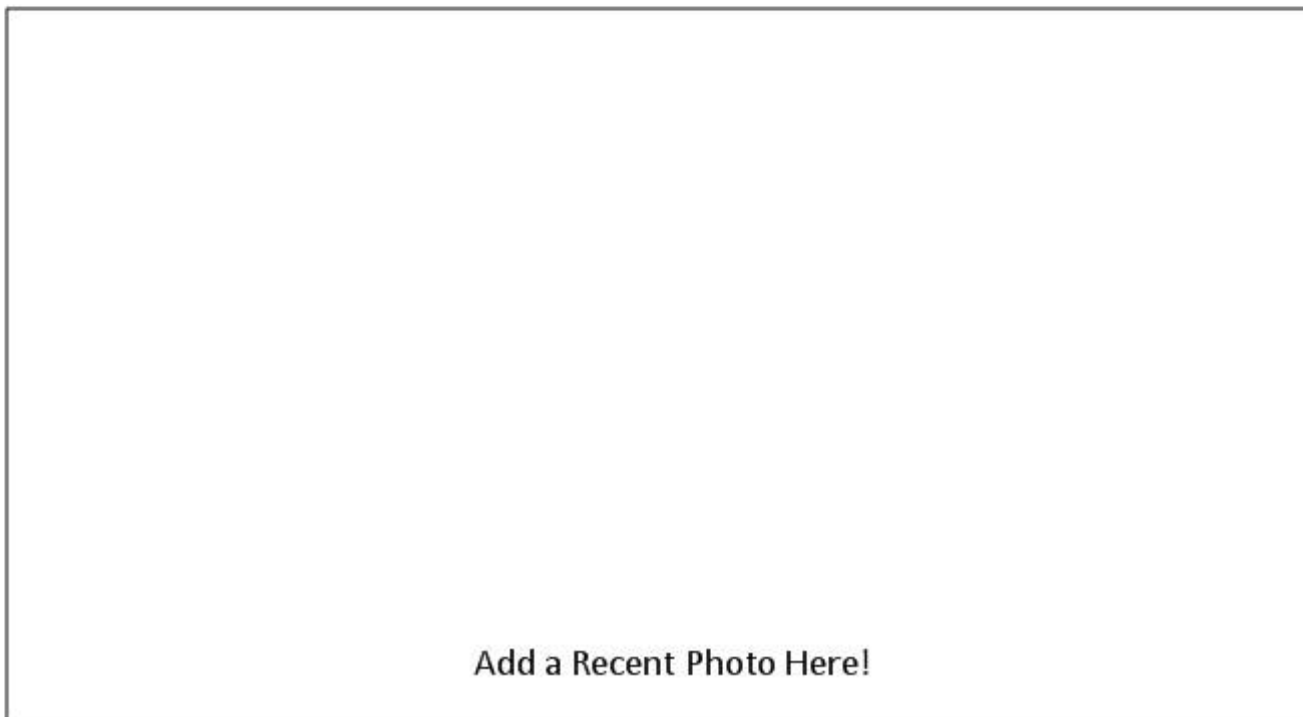
Left Middle
Finger



Left Ring
Finger



Left Pinkie
Finger



Add a Recent Photo Here!



Vital Records CD

Include ALL Legal Documents

Bank Account Information

Bank Name:				Bank Accounts: (Savings/Checking)
Phone #:				
Address:				
Account #:				
Names on the Account:				
Bank Card Information:				
Debit Card			Expiration Date:	
Bank Card (Credit)			Expiration Date:	

Extra Deposit Slips

--	--	--	--	--

Bank Account Information

Bank Name:				Bank Accounts: (Savings/Checking)
Phone #:				
Address:				
Account #:				
Names on the Account:				
Bank Card Information:				
Debit Card			Expiration Date:	
Bank Card (Credit)			Expiration Date:	

Extra Deposit Slips

--	--	--	--	--

Credit Card Information

All cards should be color copied, cut out, and added to the spaces below.
You will need to copy the front and back side of the card.

	Front Side:
	Name on Card:
	Card Number:
	Expiration Date:
	If Lost or Stolen Call:

	Back Side:
	CVC #:
	Credit Limit:
	Available Credit:
	Due On:

Notes:

Credit Card Information

All cards should be color copied, cut out, and added to the spaces below.
You will need to copy the front and back side of the card.

	Front Side:
	Name on Card:
	Card Number:
	Expiration Date:
	If Lost or Stolen Call:

	Back Side:
	CVC #:
	Credit Limit:
	Available Credit:
	Due On:

Notes:

Credit Card Information

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	Front Side:
	Name on Card:
	Card Number:
	Expiration Date:
	If Lost or Stolen Call:

	Back Side:
	CVC #:
	Credit Limit:
	Available Credit:
	Due On:

Notes:



Annuity Contracts

Bonds





CD's

IRA's





Stock Certificates



Mutual Funds



Money Markets



Safety Deposit Box

Box #: _____

Location: _____

List of Contents:



Tax Returns

Year: _____



Tax Returns

Year: _____



Tax Returns

Year: _____



Emergency Quick Cash

FIVE GENERATION PEDIGREE CHART

Chart No. _____

No. _____ on this chart is No. _____

on chart No. _____

1 (your name) b. w. m. w. d. w.	2 Father b. w. m w. d. w.	4 Grandfather b. w. m. w. d. w.	8 Great Grandfather b. m. d.	16 _____
			9 Great Grandmother b. d.	17 _____
(spouse) b. w.	3 Mother b. w. d. w.	5 Grandmother b. w. d. w.	10 Great Grandfather b. m. d.	18 _____
			11 Great Grandmother b. d.	19 _____
		6 Grandfather b. w. m. w. d. w.	12 Great Grandfather b. m. d.	20 _____
			13 Great Grandmother b. d.	21 _____
		7 Grandmother b. w. d. w.	14 Great Grandfather b. m. d.	22 _____
			15 Great Grandmother b. d.	23 _____
			16 Great Grandfather b. m. d.	24 _____
			17 Great Grandmother b. d.	25 _____
			18 Great Grandfather b. m. d.	26 _____
			19 Great Grandmother b. d.	27 _____
			20 Great Grandfather b. m. d.	28 _____
			21 Great Grandmother b. d.	29 _____
			22 Great Grandfather b. m. d.	30 _____
			23 Great Grandmother b. d.	31 _____

b = date of birth
 w = where/location of birth
 m = date of marriage
 w = where/location of marriage
 d = date of death
 w = where/location of death

Food Storage Inventory Sheet

Page _____

[illegible]



Emergency Evacuation Information

Having an evacuation plan is very important for your family.

In an emergency, every second counts, so you want to be as prepared as possible. Evacuation plans can be useful for many different types of disasters. Hurricanes, tsunamis and the more important, house fires. House fires are one of the most common disasters people face in this country so it's important that everyone has an evacuation plan and practices it regularly. Everyone in your family should know the plan, even the little ones, so set aside an evening when the whole family can get together to make a plan.

Follow these simple steps and you will be ready for an evacuation.

Pick TWO Reunion Locations, one right outside your home, and one away from your neighborhood in case you cannot return.

Take A Basic First Aid and CPR Class!

- 1. Meet with family members to discuss how to respond to the dangers of fire, severe weather, earthquakes, and other emergencies.**
- 2. Find the safe spots in your home for each type of disaster.**
- 3. Discuss what to do about power outages and injuries.**
- 4. Draw a floor plan of your home and mark two escape routes from each route.**
- 5. Post emergency phone numbers near telephones and program them into family cell phones.**
- 6. Teach children how and when to call 911, police, and fire.**
- 7. Instruct family members to turn on the radio for information.**
- 8. Pick one Out-of-State Contact and one Local Friend or Family member to call in a disaster. Teach children the phone numbers.**
- 9. Practice using your 72 Hour Kits.**

Remember . . .

No evacuation plan will work unless it is practiced on a regular basis!


Emergency Evacuation Information

Out-Of-State Contact:	Home Number:	Cell Number:	Work Number:
City:	State:	Zip Code:	Relationship:
Local Contact:	Home Number:	Cell Number:	Work Number:
City:	State:	Zip Code:	Relationship:
Nearest Relative:	Home Number:	Cell Number:	Work Number:
City:	State:	Zip Code:	Relationship:
Family Work Numbers:			
Name:	Work Number:	Job:	Relationship:
Name:	Work Number:	Job:	Relationship:
Name:	Work Number:	Job:	Relationship:
Name:	Work Number:	Job:	Relationship:
Name:	Work Number:	Job:	Relationship:
Name:	Work Number:	Job:	Relationship:
Emergency Telephone Numbers:			
Emergency:	Police:	Fire:	Hospital:
911			
Poison Control:	Gas Company:	Power Company:	Other:



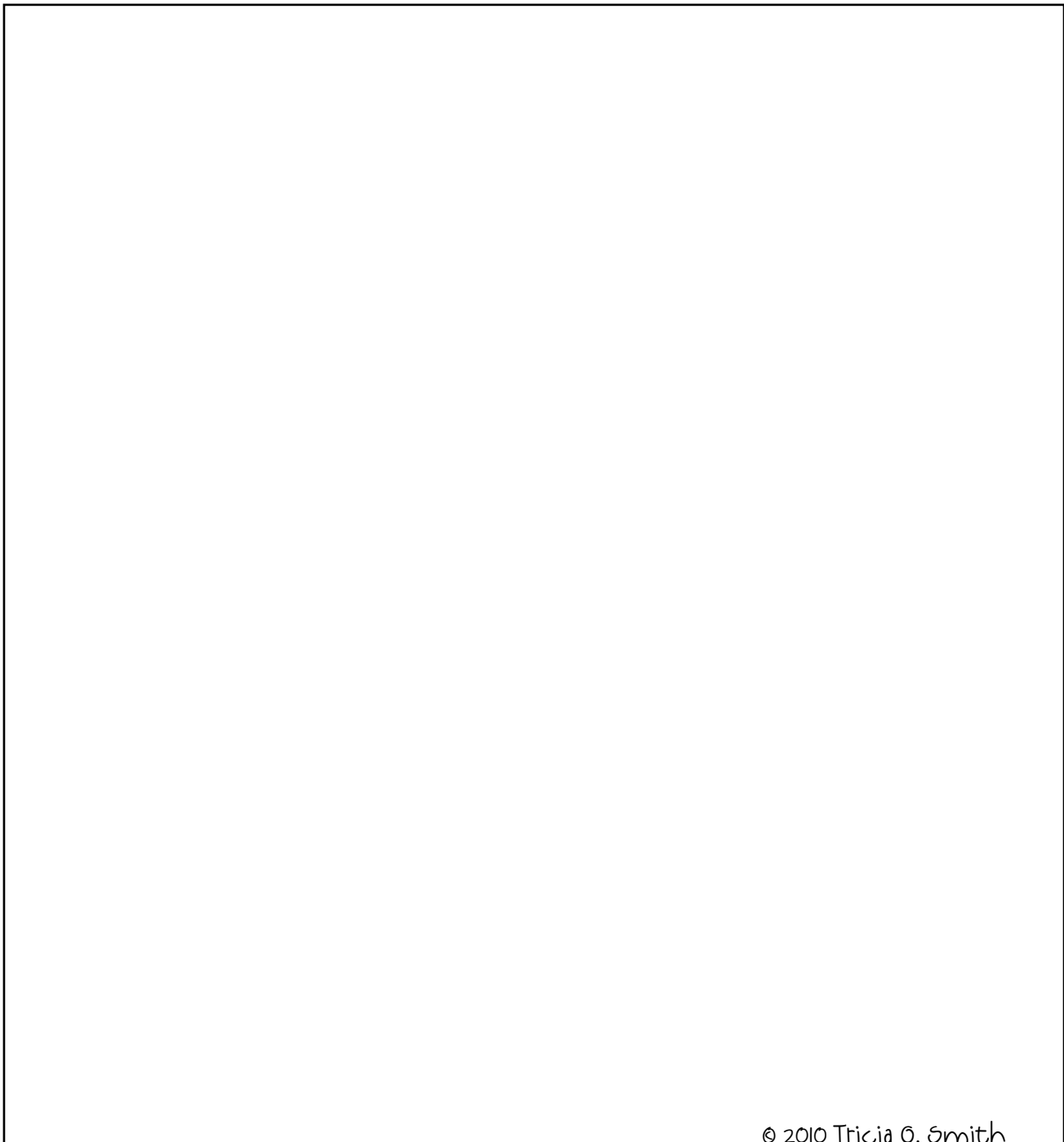
Emergency Evacuation Information

Family Physician:		
Name:	Address:	Phone Number:
Specialists:		
ENT:	Address:	Phone Number:
Pediatrician:	Address:	Phone Number:
Optometrist:	Address:	Phone Number:
Dentist:	Address:	Phone Number:
Orthodontists:	Address:	Phone Number:
Other:	Address:	Phone Number:
Reunion Locations:		
1st Location:	Right Outside Home:	Address:
2nd Location:	Away From Home:	Address:
3rd Location:	Elementary School:	Address:
	Jr. High School:	Address:
	High School:	Address:
	College:	Address:
Special Instructions:		



Emergency Evacuation Plan

Draw a blueprint of your home along with two emergency exit options for each area of the home.



[illegible]

Contractors and Repaitmen

[illegible]

[illegible]



Home Owner's Insurance Records:



House Appraisal



Mortgage Statements



Deeds



Home Owner's Insurance Records:



Renter's Insurance Policy



Land Survey



Title Policy

Household Inventory

Record Sheet

Add Photo of the Item
Here

Description:

History of Where it came from:

Who gets it when I'm gone:

Appraisal Value:

\$ _____

Centimental Value Only: _____

Where is this item stored:

Household Inventory

Record Sheet

Add Photo of the Item
Here

Description:

History of Where it came from:

Who gets it when I'm gone:

Appraisal Value:

\$ _____

Centimental Value Only: _____

Where is this item stored:

Household Inventory

Record Sheet

Add Photo of the Item
Here

Description:

History of Where it came from:

Who gets it when I'm gone:

Appraisal Value:

\$ _____

Centimental Value Only: _____

Where is this item stored:

Household Inventory

Record Sheet

Add Photo of the Item
Here

Description:

History of Where it came from:

Who gets it when I'm gone:

Appraisal Value:

\$ _____

Centimental Value Only: _____

Where is this item stored:

Household Inventory

Record Sheet

Add Photo of the Item
Here

Description:

History of Where it came from:

Who gets it when I'm gone:

Appraisal Value:

\$ _____

Centimental Value Only: _____

Where is this item stored:



Property Tax Bill

Property Address: _____



Disability Insurance Records



Life Insurance Records



Long Term Care Insurance Records



Medicare Insurance Records




Medigap Insurance Records



Medicaid Insurance Records



Travel Insurance Records




Work Related Insurance Information



Milestone Pictures

Pictures of Blessing, Baptism, Priesthood Ordination,
Mission, Marriage . . . etc.

Name: _____ Birthday: _____



Talents and Hobbies Pictures

Include pictures that tell YOUR story.

Name: _____ Birthday: _____







