

Personal

- BIRTH CERTIFICATES
- SOCIAL SECURITY CARDS
- DRIVER'S LICENSE
- PASSPORTS
- MILITARY RECORDS
- EMERGENCY ID CARDS
- DIPLOMAS
- TRANSCRIPTS

Contacts

- EMERGENCY SERVICES
- FAMILY
- DOCTOR & PHARMACY
- WORK, SCHOOL & DAYCARE
- FRIENDS/NEIGHBORS
- UTILITIES
- CHURCH & PASTOR
- ATTORNEY & BANKER

Phone Numbers

FAMILY / EXTENDED FAMILY

Name _____

Phone _____

LOCAL FRIENDS

Name _____

Phone _____

LONG-DISTANCE FRIENDS

Name _____

Phone _____

“BE STRONG AND COURAGEOUS! DO NOT TREMBLE OR BE DISMAYED, FOR THE LORD YOUR GOD IS WITH YOU WHEREVER YOU GO.”

JOSHUA 1:9 NASB

Medical

- HEALTH INSURANCE POLICIES
- ADVANCED CARE DIRECTIVES
- MEDICAL HISTORY
- IMMUNIZATIONS
- PRESCRIPTIONS
- DISABILITY INSURANCE
- DENTAL INSURANCE
- VISION INSURANCE

Medical Summaries

NAME _____

Date of Birth _____ Age _____

Allergies _____

Medications _____

Physician _____

Physician Phone Number _____

Dentist _____

Dentist Phone Number _____

Notes _____

NAME _____

Date of Birth _____ Age _____

Allergies _____

Medications _____

Physician _____

Physician Phone Number _____

Dentist _____

Dentist Phone Number _____

Notes _____

NAME _____

Date of Birth _____ Age _____

Allergies _____

Medications _____

Physician _____

Physician Phone Number _____

Dentist _____

Dentist Phone Number _____

Notes _____

NAME _____

Date of Birth _____ Age _____

Allergies _____

Medications _____

Physician _____

Physician Phone Number _____

Dentist _____

Dentist Phone Number _____

Notes _____

NAME _____

Date of Birth _____ Age _____

Allergies _____

Medications _____

Physician _____

Physician Phone Number _____

Dentist _____

Dentist Phone Number _____

Notes _____

IN CASE OF MEDICAL EMERGENCY

Hospital _____

Hospital Address _____

Hospital Phone Number _____

Urgent Care _____

Urgent Care Address _____

Urgent Care Phone Number _____

Pharmacy _____

Pharmacy Phone Number _____

“IS ANYONE AMONG YOU SICK? LET HIM CALL FOR THE ELDERS OF THE CHURCH, AND LET THEM PRAY OVER HIM.”

JAMES 5:14 ESV

Medical Insurance

HEALTH INSURANCE

Person(s) Insured _____
Provider _____
Policy Number _____
Group Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

CHILD HEALTH INSURANCE

Person(s) Insured _____
Provider _____
Policy Number _____
Group Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

SECONDARY HEALTH INSURANCE

Person(s) Insured _____
Provider _____
Policy Number _____
Group Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

HEALTH SAVINGS ACCOUNT

Website _____
Username _____
Password _____
Email Attached _____
Account Number _____ PIN _____
Routing Number _____
Banker _____

DENTAL INSURANCE

Person(s) Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

VISION INSURANCE

Person(s) Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

OTHER INSURANCE

Type _____
Person(s) Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

OTHER INSURANCE

Type _____
Person(s) Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

“PEACE I LEAVE WITH YOU; MY PEACE I GIVE TO YOU;
NOT AS THE WORLD GIVES DO I GIVE TO YOU. DO NOT LET YOUR HEART
BE TROUBLED, NOR LET IT BE FEARFUL.”

JOHN 14:27 NASB

Testamentary

- TRUST
- LIVING WILL
- LAST WILL
- POWER OF ATTORNEY
- LETTER OF TESTAMENTARY
- ESTATE PLANS
- HEIR CONTACT INFORMATION
- ANY CODICILS

Life Insurance Policies

WHOLE LIFE INSURANCE

Person Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

WHOLE LIFE INSURANCE

Person Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

WHOLE LIFE INSURANCE

Person Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

WHOLE LIFE INSURANCE

Person Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

TERM LIFE INSURANCE

Person Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

TERM LIFE INSURANCE

Person Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

TERM LIFE INSURANCE

Person Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

TERM LIFE INSURANCE

Person Insured _____
Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

“WHOEVER LOVES HIS LIFE WILL LOSE IT, AND WHOEVER HATES HIS LIFE IN THIS WORLD WILL KEEP IT FOR ETERNAL LIFE.”

LUKE 14:28 ESV

Property

- DEEDS & TITLES
- ABSTRACT SUMMARY
- APPRAISALS
- ASSETS INVENTORY
- VEHICLE REGISTRATION
- HOMEOWNER'S INSURANCE
- AUTO INSURANCE
- RECEIPTS, BILL OF SALE

Property Insurance

HOMEOWNER'S INSURANCE

Provider _____
Policy Number _____
Property _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

RIDER

Provider _____
Policy Number _____
Item Description _____
Serial # _____

RIDER

Provider _____
Policy Number _____
Item Description _____
Serial # _____

RIDER

Provider _____
Policy Number _____
Item Description _____
Serial # _____

HAZARD INSURANCE

Provider _____
Policy Number _____
Property _____
Hazards Covered _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

AUTO INSURANCE

Provider _____
Policy Number _____
Make / Model / Year _____
VIN # _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

AUTO INSURANCE

Provider _____
Policy Number _____
Make / Model / Year _____
VIN # _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

OTHER

Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

OTHER

Provider _____
Policy Number _____
Phone _____
Address _____
City / State / Zip _____
Agent _____

“WHICH OF YOU, DESIRING TO BUILD A TOWER, DOES NOT FIRST SIT DOWN AND COUNT THE COST, WHETHER HE HAS ENOUGH TO COMPLETE IT?”

LUKE 14:28 ESV

Tax & Banking

- TAX RETURNS
- INVESTMENT PLANS
- STOCK CERTIFICATES
- BONDS & CDS
- PROPERTY TAX STATEMENTS
- BANK STATEMENTS
- EMPLOYMENT FORMS
- ACCOUNT, CARD NUMBERS

Password Cheat Sheet

FINANCIAL INFORMATION

Website _____
Username _____
Password _____
Email Attached _____
Account Number _____ PIN _____

Website _____
Username _____
Password _____
Email Attached _____
Account Number _____ PIN _____

Website _____
Username _____
Password _____
Email Attached _____
Account Number _____ PIN _____

Website _____
Username _____
Password _____
Email Attached _____
Account Number _____ PIN _____

Website _____
Username _____
Password _____
Email Attached _____
Account Number _____ PIN _____

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Username _____
Password _____
Email Attached _____
Account Number _____ PIN _____

Website _____
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Password _____
Email Attached _____
Account Number _____ PIN _____

Website _____
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Email Attached _____
Account Number _____ PIN _____

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Password _____
Email Attached _____
Account Number _____ PIN _____

Website _____
Username _____
Password _____
Email Attached _____
Account Number _____ PIN _____

Website _____
Username _____
Password _____
Email Attached _____
Account Number _____ PIN _____

Website _____
Username _____
Password _____
Email Attached _____
Account Number _____ PIN _____

“WE ARE AFFLICTED IN EVERY WAY, BUT NOT CRUSHED;
PERPLEXED, BUT NOT DESPAIRING; PERSECUTED, BUT NOT FORSAKEN;
STRUCK DOWN, BUT NOT DESTROYED.”

Legal

- MARRIAGE CERTIFICATE
- PROOF OF RESIDENCY
- ADOPTION PAPERS
- CONTRACTS
- COURT RECORDS
- CUSTODY AGREEMENTS

Other

- EMERGENCY PLANS
- LOCAL MAPS
- FAMILY PHOTOS
- MONEY
- COMPUTER FILES
- _____
- _____

Online Cheat Sheet

EMAIL

Website _____
Username _____
Password _____

SUBSCRIPTIONS

Website _____
Username _____
Password _____

WEBSITE LOG-IN

Website _____
Username _____
Password _____
Email Attached _____

Website _____
Username _____
Password _____
Email Attached _____

Website _____
Username _____
Password _____
Email Attached _____

Website _____
Username _____
Password _____
Email Attached _____

Website _____
Username _____
Password _____
Email Attached _____

Website _____
Username _____
Password _____
Email Attached _____

Website _____
Username _____
Password _____
Email Attached _____

Page _____ of _____

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2 CORINTHIANS 4:8-9 NASB

Home Cheat Sheet

DEVICES

Phone PIN _____

Phone Number _____

Owner _____

Computer Username _____

Password _____

Owner _____

Computer Username _____

Password _____

Owner _____

Computer Username _____

Password _____

Owner _____

Tablet Username _____

Password _____

Owner _____

WiFi Username _____

WiFi Password _____

HOME

Garage Code _____

Garage Code _____

Alarm Code _____

Plumber _____

Electrician _____

Carpenter _____

Gas Company _____

Electric Company _____

“DO NOT FEAR, FOR I AM WITH YOU;
DO NOT ANXIOUSLY LOOK ABOUT YOU, FOR I AM YOUR GOD.
I WILL STRENGTHEN YOU, SURELY I WILL HELP YOU,
SURELY I WILL UPHOLD YOU WITH MY RIGHTEOUS RIGHT HAND.”

ISAIAH 41:10 NASB