

Personal Information Directory

My Record of Important Information and Documents

Name: _____



Lutheran Foundation Canada
REFLECTING GOD'S GRACE



Personal Information Directory

This document will help you keep track of important information and documents. It will also assist others who become involved in your affairs in the event of your disability or death. It should be kept as up-to-date as possible.

Because this document contains personal and private information, it is important to consider where it will be stored. If it is easily accessible, like in an unlocked file cabinet or desk drawer, you may want to protect your privacy and security by only listing the last four digits of an account or credit card. If you store it in a secure location, be sure to inform the appropriate people how to retrieve it.

For additional information on estate planning or to schedule a free private consultation, please contact Lutheran Foundation Canada at 1-877-711-GIFT (4438).

Date Created: _____ Date Updated: _____

Personal Information

Name: _____

Address: _____

City: _____ Prov: _____ Postal code: _____

Phone: _____ Email: _____

Birth date: _____ Birth place: _____

Current Employer: _____

Contact Name: _____ Phone: _____

Funeral arrangements are with: _____ Prepaid: Yes or No

My Last Will and Testament

Original filed at: _____

Copy located at: _____

Date: _____ Codicil: Yes No (circle one) If Yes, date: _____

Memorandum of Personnel Effects located at: _____



Key Contacts

Lawyer
Name: _____ Firm: _____ Phone: _____

Accountant
Name: _____ Firm: _____ Phone: _____

Financial Advisor
Name: _____ Firm: _____ Phone: _____

Insurance Broker
Name: _____ Firm: _____ Phone: _____

Key Business Contact
Name: _____ Firm: _____ Phone: _____

Key Family Member
Name: _____ Relationship: _____ Phone: _____

My Family

Spouse's Name: _____

Birth Date: _____ Birth Place: _____

Children

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____



Siblings

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

My Executor(s)

Name: _____

Address: _____

Phone: _____ Email: _____

First alternate or co-executor (circle one)

Name: _____

Address: _____

Phone: _____ Email: _____

Second alternate or co-executor (circle one)

Name: _____

Address: _____

Phone: _____ Email: _____



Power of Attorney for Property

Name: _____

Address: _____

Phone: _____ Email: _____

Originals filed at: _____

Alternate or joint-attorney (circle one)

Name: _____

Address: _____

Phone: _____ Email: _____

Power of Attorney for Health and Personal Care

Name: _____

Address: _____

Phone: _____ Email: _____

Originals filed at: _____

Alternate or joint-attorney (circle one)

Name: _____

Address: _____

Phone: _____ Email: _____



Location of Personal Documents

Birth certificate:

Marriage certificate:

Baptism certificate:

Safety deposit box location:

Box #:

Keys:

Health insurance card:

Number:

Social insurance card:

Number:

Driver's License:

Number:

Passport:

Number:

Income tax returns and receipts:

Insurance papers:

Pension and annuity records:

Property titles:

Medical and dental records:

Divorce and separation agreements:

Incapacity documents:

Citations and awards:

Other:



Financial and Insurance Records

Bank Accounts

Name of financial institution	Branch #	Account #

Investment Accounts

Name of financial institution	Broker	Account #

RRSPs / RRIFs

Name of financial institution	Branch #	Account #

TFSA Accounts

Name of financial institution	Branch #	Account #



Credit Cards

Name of card	Card #

Insurance Policies

Name of insurer	Type of insurance	Agent

Personal Loans

Name of financial institution	Branch #	Account #

Lines of Credit

Name of financial institution	Branch #	Account #

Utility and Other Account Information

Name of utility or service	Account #



Online Profile (Facebook, Twitter, Instagram, etc.)

Account name: _____

User name: _____ Password: _____

Account name: _____

User name: _____ Password: _____

Account name: _____

User name: _____ Password: _____

Account name: _____

User name: _____ Password: _____

Account name: _____

User name: _____ Password: _____

Account name: _____

User name: _____ Password: _____

Account name: _____

User name: _____ Password: _____

Account name: _____

User name: _____ Password: _____

Account name: _____

User name: _____ Password: _____

Account name: _____

User name: _____ Password: _____



Funeral Service Planning Information Sheet

Full name: _____ Today's Date: _____

Address: _____

What I would have my funeral confess:

General Information (Please complete as fully as possible)

Birth Date: _____ Location: _____

Baptismal Date: _____ Church: _____

Confirmation Date: _____ Church: _____

Confirmation Verse: _____

Marriage Date: _____ Location: _____

Spouse - Name: _____

Child Name: _____ Address: _____ Phone: _____

Child Name: _____ Address: _____ Phone: _____

Child Name: _____ Address: _____ Phone: _____

Child Name: _____ Address: _____ Phone: _____

Funeral Information/Preferences

Suggested Bible readings: 1) _____ 2) _____ 3) _____

Favourite Psalms: 1) _____ 2) _____ 3) _____

Favourite hymns/songs: 1) _____

2) _____

3) _____

Family member/individual who could prepare & read the "obituary" of your life.

Name: _____

Address: _____ Phone: _____

Suggested Soloist (if any): _____ Phone: _____

Honorary Pall Bearers: _____

Thoughts I would like to share with my family at the time of my funeral:



Any special requests for your service: Yes No (Give details)

Use of a pall is desired: Yes No

Military honours are desired at the post service reception: Yes No

Memorial gifts instead of flowers: Yes No

If "yes" bequest to the following: _____

Have you thought about leaving a gift in your will to support your church? Yes No

If "yes", which LCC organizations would you like to bless?

Any special requests for a post-service reception/lunch: Yes No (Give details)

Please indicate how your remains are to be treated: Burial Cremation

Funeral Home: _____ Cemetery: _____

Have you pre-paid Funeral Arrangements? Yes No

Nature of Arrangements: _____

Have you pre-paid Interment Arrangements? Yes No

Nature of arrangements: _____

Other Obituary Information (expand as necessary)

Father's Name: _____ Mother's Maiden Name: _____

Brothers and Sisters: _____

My growing up years: _____

Activities I have been involved in during my lifetime (job, church, community, etc.)

Other significant events, awards or memories that may be of interest:

Please keep one copy in a safe place known to your family, give one copy to your pastor, and give one copy to your executor or family member who will assist with the arrangements.



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Additional Information