



# The Book of You

# Contents

Introduction	Page 3
Life Record	Page 4
Medical Record	Page 5
Important Contacts	Page 6
Important Paper Locator	Page 7

## ICE (In Case of Emergency)

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date Updated

**Please utilize the blank pages at the end for any information that you were unable to fit or anything not covered above.**

## What is a confidential Book of You?

This Book of You deals thoughtfully with the one true inevitability of life, and has been designed to provide you with a place to record virtually all the vital personal and financial data that will one day be needed.

By keeping this guide up to date, you will provide an important, ready reference for you family members at a most difficult time. By taking the time to fill out these pages, you will have peace of mind knowing that your loved ones will be guided by your wishes. Many of their questions will have already been answered because of your thoughtfulness.

One of the most difficult burdens that survivors face after the loss of a loved one is the gathering and organizing of the deceased's personal and financial records.

Once you complete this Book of You, keep it in a **secure but accessible place** for use by those who will need it.

**Please utilize the blank pages at the end for any information that you were unable to fit or anything not covered above.**

# Life Record

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Birth Place \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Company \_\_\_\_\_ Years Employed \_\_\_\_\_

Employment History \_\_\_\_\_

Education \_\_\_\_\_ School \_\_\_\_\_

Civic Activities \_\_\_\_\_

Position's Held \_\_\_\_\_

Professional Achievements \_\_\_\_\_

**Recent  
Photograph**

**Social Security Card**

Please utilize the blank pages at the end for any information that you were unable to fit or anything not covered above.

# Medical Information

Primary Doctor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Specialty Doctor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Specialty Doctor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Specialty Doctor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Medical Records Contact (e.g. Inova "My Chart") \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Health Care Agent/Proxy \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Medicare # \_\_\_\_\_

Medicaid # \_\_\_\_\_

Long Term Care Insurance (Carrier & Number) \_\_\_\_\_

Blood Type \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_

**Health Insurance Card**

**Front**

**Health Insurance Card**

**Back**

Please utilize the blank pages at the end for any information that you were unable to fit or anything not covered above.

# Important Contacts

Lawyer \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Accountant \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Power of Attorney \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Investment Broker \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer Benefits Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Spiritual Advisor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Bank \_\_\_\_\_

Account # \_\_\_\_\_

Name of Bank \_\_\_\_\_

Account # \_\_\_\_\_

Safe Deposit Box \_\_\_\_\_

Who has the key? (Name/Phone/Email) \_\_\_\_\_

\_\_\_\_\_

Please utilize the blank pages at the end for any information that you were unable to fit or anything not covered above.

# Important Papers Locater

Insert the proper code letter in the box, indicating the location of important papers.

**S=Safe Deposit Box H=Home (specify where ex. Bedroom Drawer)  
O=Office (specify where) L=Lawyer E=Elsewhere (specify where)**

## Personal Information

## Specific Location

- |  |                          |
|--|--------------------------|
| Birth Certificate                        | <input type="checkbox"/> |
| Marriage/Divorce Certificate             | <input type="checkbox"/> |
| Military Records                         | <input type="checkbox"/> |
| Social Security Card                     | <input type="checkbox"/> |
| Diplomas                                 | <input type="checkbox"/> |
| Note and Obligations                     | <input type="checkbox"/> |
| Passport                                 | <input type="checkbox"/> |
| Life Insurance Policies                  | <input type="checkbox"/> |
| Living Will                              | <input type="checkbox"/> |
| Memorial Preferences Information         | <input type="checkbox"/> |
| Address Book                             | <input type="checkbox"/> |
| Passwords (Social Media/<br>Phone, etc.) | <input type="checkbox"/> |
| Do not resuscitate order (DNR)           | <input type="checkbox"/> |
| Medical Directives                       | <input type="checkbox"/> |

**Please utilize the blank pages at the end for any information that you were unable to fit or anything not covered above.**

**Home/Bank/Car Maintenance****Specific Location**Deed to House House Insurance Policies Bills Tax Return Information Stocks & Bonds Promissory Notes Bank Books Car Insurance Policies Car Title Passwords 

(online bill pay, etc.)

**Other**

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## Notes

## Notes

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