Vital Information

This folder is intended to provide your family or a close friend *ONE* centralized place to find vital information needed upon your illness or death. It contains forms for you to complete on important topics: people to notify, insurance information, legal documents, finances, and funeral arrangements. This information should be reviewed periodically. **Inform trusted individual(s) of this folder and its location**.

Sponsored by

Virginia Department for the Aging
1610 Forest Hill Avenue, Suite 100
Richmond, VA 23229
(804) 662-7049

Name	**Date**
Address	**Telephone**
Date of Birth	**Place of Birth**

Emergency Information

List Family Point of Contact / Alternate, Doctors, Clergy	Address	Telephone

Health Care Power of Attorney **Telephone** **Durable Power of Attorney** **Telephone**	**Health Insurance Policies & Nos.**
Social Security No.	**I am an organ donor.** **_____Yes** **_____No**

My Advisors Are

Advisor	Name	Firm	Address	Telephone
Lawyer				
Accountant/ Tax preparer				
Stockbroker				
Banker				
Financial planner				

My Assets[1] Are

Asset	Description (including ID number) and location

[1] Checking accounts, savings accounts, IRAs, investments/CDs, trusts, life insurance (including free $1,000 policies), disability insurance, retirement plan, homes, cars, boats, timeshare, partnership, prepaid funeral arrangements, paid burial plot, etc.

Information About My Children/Next of Kin

Name/Relationship	Address	Telephone

Miscellaneous Information

My will is located at: Additional instructions are located at:	My executor is: (Name & tel. no.)

My safe-deposit box is located at:_____. _____ has a key.

Access has been given to: **N/A** ☐

My vital documents[2] are located: **N/A** ☐

Deed to my property is located: **N/A** ☐

Funeral arrangements are: **N/A** ☐

Military benefits information is located: **N/A** ☐

Cemetery plot and proof of ownership information is located: **N/A** ☐

Company retirement plan/survivor benefits information is located: **N/A** ☐

Employer is: **N/A** ☐

Landlord is: **N/A** ☐

Inheritance information due me is located: **N/A** ☐

Disability insurance information is located: **N/A** ☐

Credit card information is located: **N/A** ☐

Third-party notification information is located: **N/A** ☐

N/A = Not applicable

[2] Birth certificate, marriage certificate, military documents, naturalization papers, documents for survivor benefits

(Please use sheet of plain paper if additional space is needed)

Suggested Checklist for Survivors

(1) Initial Arrangements and Decisions

	Funeral director		Special selections from scripture
	Burial location		Newspaper notification
	Type of memorial service		Check will for special requests
	Casket, cremation, vault or crypt		Order death certificates
	Clergy for ceremony		Compile a thank you list
	Time and place of services		Greet all relatives and friends
	Clothing for deceased		Transportation for family
	Music and flowers		Lodging for out-of-town guests
	Information for the eulogy		Pallbearers

(2) Notifications

	Doctor or doctors		Veterans organizations
	Funeral director		Civic groups
	Cemetery		Social Security
	Relatives and friends		Retirement payer
	Employer of deceased		Attorney
	Executor of estate or accountant		Insurance agents

(3) Secure Vital Statistics

	Name, home address, zip, & phone no.		War veteran's serial number
	Occupation and title		Father's name and birthplace
	How long in state		Mother's maiden name and birthplace
	Social security number		

(4) Collect documents

	Will/special instructions		Citizenship papers
	Legal proof of age, Social Security card		Insurance policies, bank books
	Veteran's discharge papers		Income tax returns
	Marriage license, divorce papers		Disability claims

(5) Financial obligations

	Funeral director		Doctors and nurses
	Memorials		Medicine and drugs
	Florist and clergy		Current bills (mortgage, rent, taxes, utilities)
	Hospital and ambulance		