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# What Your Spouse Should Know *if Something* Happens to You

## FAMILY FACT SHEET PERSONAL INFORMATION

Legal Name \_\_\_\_\_

Other Name Used \_\_\_\_\_

Reason \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_

City, County, State \_\_\_\_\_

Location of Birth Certificate \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Previous Address \_\_\_\_\_

\_\_\_\_\_

Home Ph \_\_\_\_\_ Mobile Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

DL/State ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

Passport # \_\_\_\_\_ Marital Status \_\_\_\_\_

Individual's Relationship to Family \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_

Today's Date \_\_\_\_\_