

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

RELIGION

Religious Preference _____

Place of Worship _____

Pastor, Rabbi, Priest, Etc. _____

Phone _____

Notes _____

MILITARY SERVICE (Self)

Branch _____ Start Date _____ End Date _____

DD214 (Military) _____

Location of Document _____

Veterans Benefits, Y/N _____

Contact _____ Phone _____

MILITARY SERVICE (Spouse)

Branch _____ Start Date _____ End Date _____

DD214 (Military) _____

Location of Document _____

Veterans Benefits, Y/N _____

Contact _____ Phone _____