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Vital Contact Information

Minister: _____

Phone: _____

Email: _____

Address: _____

Attorney: _____

Phone: _____

Email: _____

Address: _____

Primary Doctor: _____

Phone: _____

Email: _____

Address: _____

Accountant: _____

Phone: _____

Email: _____

Address: _____

Insurance Agent: _____

Phone: _____

Email: _____

Address: _____

Other: _____

Role: _____

Phone: _____

Email: _____

Address: _____

Other: _____

Role: _____

Phone: _____

Email: _____

Address: _____

Benefits Provider: The Board of Pensions of the Presbyterian Church (U.S.A.)

Phone: 800-773-7752 (800-PRESPLAN)

Email: memberservices@pensions.org

Address: 2000 Market St. Philadelphia, PA 19103-3298

Instructions for the time of Decease

Contact List: List those who should be immediately informed.

Person: _____ Contact Information: _____

Person: _____ Contact Information: _____

Person: _____ Contact Information: _____

Person: _____ Contact Information: _____

Person: _____ Contact Information: _____

Person: _____ Contact Information: _____

Person: _____ Contact Information: _____

Person: _____ Contact Information: _____

Person: _____ Contact Information: _____

Death Certificate

Request _____ copies of the Death Certificate from medical provider or funeral director (For legal purposes, insurance claims, social security reporting, etc.).

Funeral Arrangements

Funeral Home: _____

Location: _____

Disposition of Body

Burial Cemetery: _____

Cremation Crematory: _____

Documents of Paid Funeral Services Location: _____

Insurance Policy for Burial Expenses: _____

Contact: _____

Religious Service

Clergy Person: _____

Church: _____

Contact: _____

Instructions for Printed Obituary:

Preferred Texts:

Preferred Hymns:

Sanctuary Arrangements Requested to Family:

Important Documents

Document	Location	Identification
Birth Certificate		Date of Birth:
Passport		Passport Number:
Driver's License		License Number:
Marriage Certificate		Marriage Date:
Social Security Card		Last 4 numbers of SS:
Will		
Address Book		Color:
Other Documents:		

Financial Records

Bank Accounts

Checking Account

Bank: _____

Account No.: _____

Online Username: _____

Password: _____

Savings Account

Bank: _____

Account No.: _____

Online Username: _____

Password: _____

Debit Card

Bank: _____

Account No.: _____

PIN: _____

Other Account

Bank: _____

Account No.: _____

Online Username: _____

Password: _____

Credit Cards

Creditor: _____ (i.e., Barclay's VISA)

Account No.: _____

Online Username: _____

Password: _____

Creditor: _____

Account No.: _____

Online Username: _____

Password: _____

Creditor: _____

Account No.: _____

Online Username: _____

Password: _____

Creditor: _____

Account No.: _____

Online Username: _____

Password: _____

Creditor: _____

Account No.: _____

Online Username: _____

Password: _____

Safe Deposit Box

Bank and Address: _____

Number: _____

Key Location: _____

Contents:

Financial Commitments

Mortgage

Lender: _____

Contact: _____

Account Number: _____

Property Tax Information: _____

Location of Documents: _____

Car Loan

Lender: _____

Contact: _____

Account Number: _____

Location of Documents: _____

Personal Loan

Lender: _____

Contact: _____

Account Number: _____

Location of Documents: _____

Student Loan

Lender: _____

Contact: _____

Account Number: _____

Location of Documents: _____

Medical Bills

Creditor: _____

Contact: _____

Account Number: _____

Location of Documents: _____

Other Outstanding Accounts

Creditor: _____

Contact: _____

Account Number: _____

Location of Documents: _____

Creditor: _____

Contact: _____

Account Number: _____

Location of Documents: _____

Creditor: _____

Contact: _____

Account Number: _____

Location of Documents: _____

Information for Beneficiaries

Life Insurance Policy

Policy Carrier and Contact: _____

Account Number: _____

Amount: _____

Beneficiaries: _____

Location of Documents: _____

Other Life Insurance Coverage

Policy Carrier and Contact: _____

Account Number: _____

Amount: _____

Beneficiaries: _____

Location of Documents: _____

Benefits

Benefits Provider: _____ (i.e., Board of Pensions)

Account Number: _____

Contact Information: _____

Location of Documents: _____

Social Security

Account Number: _____

Contact Information: _____

Location of Documents: _____

Retirement Savings Account

Account Name and Type: _____

Account Number: _____

Contact Information: _____

Location of Documents: _____

Retirement Savings Account

Account Name and Type: _____

Account Number: _____

Contact Information: _____

Location of Documents: _____

Retirement Savings Account

Account Name and Type: _____

Account Number: _____

Contact Information: _____

Location of Documents: _____

Personal Effects

List personal valuables (items) with location and handling instructions:

E-mail and Social Media

E-mail

Email address : _____

Username: _____

Password: _____

Email address : _____

Username: _____

Password: _____

Email address : _____

Username: _____

Password: _____

Facebook Account

Name : _____

Username: _____

Password: _____

Twitter

Name : _____

Username: _____

Password: _____

Other Social Media Apps

Name : _____

Username: _____

Password: _____