Family Record

Contact Information:

Name: _____
Address: _____
City, ST Zip: _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Cell Phone: _____

Do you have a written will? Yes or No (circle answer)
Where is your copy located: _____
When was it last updated: _____
Do you have Health Care Directives and a Living Will? Yes or No (circle answer)
Do you have a Powers of Attorney (POA) for financial decisions? Yes or No (circle answer)

This family record will give you a central source to collect your family and financial data. This is a good exercise for everyone including young families and senior adults.

Young Families: This is a great place to begin understanding your overall financial picture. Plus it is a good starting place as you prepare your estate planning documents.

Senior Adults: This record will be an essential guide to your family or spouse in the event of a sickness or death.

Family member name	Birth date	Contact information	Social Security number	Relationship