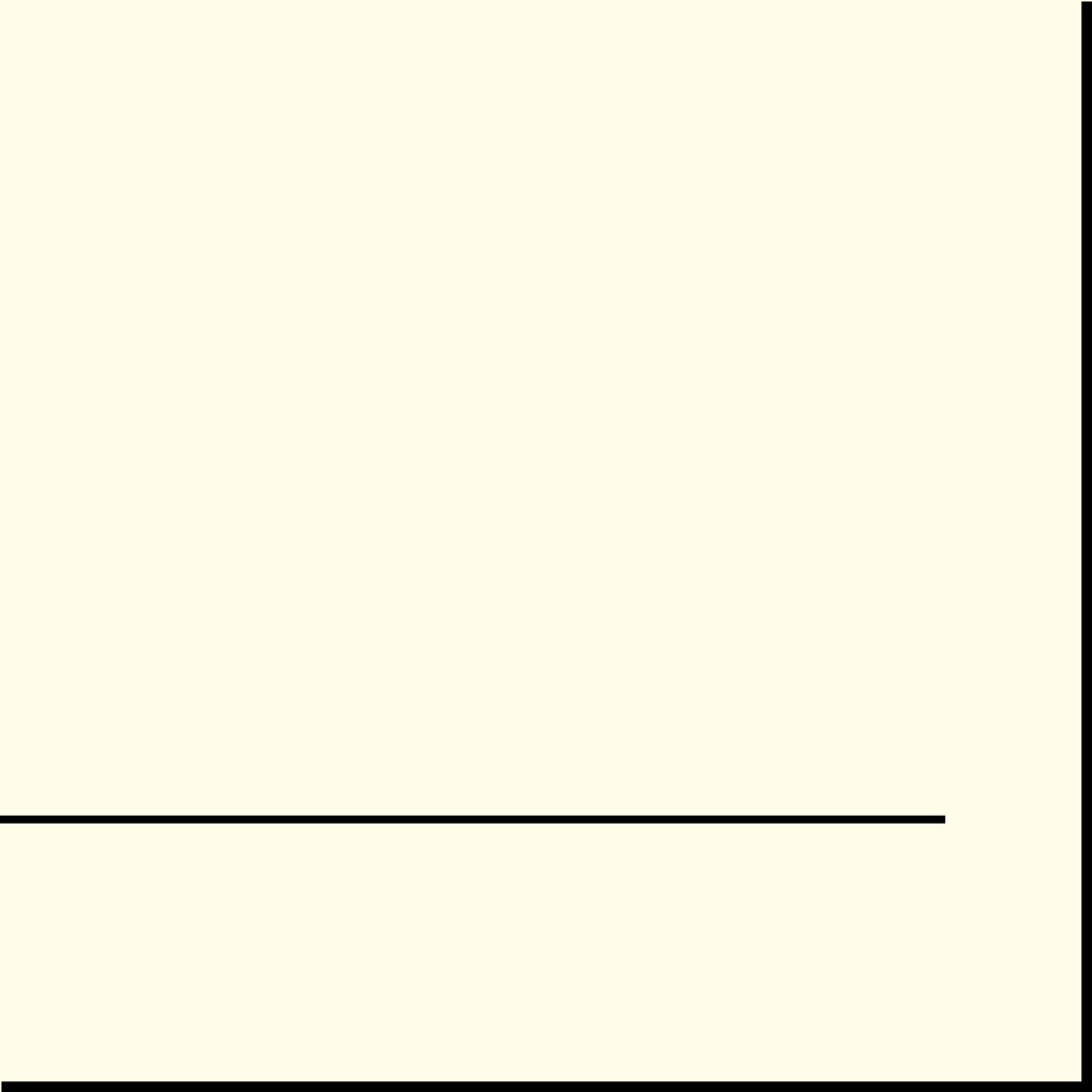


**Oh Sh\*t**  
**Folder**

*Love,* \_\_\_\_\_



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# Acknowledgment & Directives

I, \_\_\_\_\_, have compiled this folder to include personal information for close loved-ones, in any assistance to me, in case of emergency. I grant access to this information to those directed, and the sharing of such information as much as necessary.

I direct \_\_\_\_\_, to be in control of this folder, only in the case of an emergency. Should said person not be available, \_\_\_\_\_ will be in charge.

*P.S. Don't wait 48 hours to contact police!*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

People who know about the existence and location of this folder include:

# Documents Included

**Note:** Add more, if needed, and check them off!

- |                          |                      |                          |  |
|--------------------------|----------------------|--------------------------|--|
| <input type="checkbox"/> | Will                 | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Power of Attorney    | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Copy of ID           | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Birth Certificate    | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Social Security Card | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Passport             | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Life Insurance       | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Home Insurance       | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Car Insurance        | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Marriage License     | <input type="checkbox"/> |  |

# Emergency Contacts

Name:

Relationship:

Contact:

Name:

Relationship:

Contact:

Doctor's Name:

Practice:

Contact:

Attorney's Name:

Firm:

Contact:

# General Information

Full Name:

Maiden Name:

Date of Birth:

Aliases:

Address:

Phone Number:

Relationship Status:

Emergency Contact:

Ethnicity:

Gender/Sex:

Height & Weight:

Eye & Hair Color:

Children and Dependents:

# Physical Appearance

Ethnicity

Height

Weight

Hair Color (*Natural & Dyed*):

Eye Color (*Natural & Contacts*):

Tattoos:

Piercings:

Scars & Birthmarks:



Face Photo



Full Body Photo

# Hair Sample

**Note:** To ensure the longevity and testability of the DNA in your hair, please include 5-10 strands, with root in tact, in a sterile plastic bag.



# Fingerprints

I am \_\_\_\_\_ handed.

Left Thumb	Right Thumb

Left Index	Left Middle	Left Ring	Left Pinky

Right Index	Right Middle	Right Ring	Right Pinky

**Note:** Roll finger from left to right onto square for the best print coverage!

# Handwriting Sample

A blank sheet of handwriting practice paper. It features a vertical purple margin line on the left side, creating a narrow left margin. The rest of the page is filled with horizontal blue ruling lines, providing a guide for letter height and placement. The paper is otherwise empty, with no text or markings.

# Medical Information

Primary Doctor:

Practice:

Contact Information:

Therapist:

Practice:

Contact Information:

Dentist:

Practice:

Contact Information:

Medical Insurance Provider:

Policy Number:

Dental Insurance Provider:

Policy Number:

# Medical Information

Surgery History:

Medications:

Allergies:

Blood Type:

People who have access to my medical records:

# Close Relationships

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:

# Close Relationships

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:

# Close Relationships

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:

# Sketchy People AKA Red Flags

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:

Name:

Relationship:

Contact Info:

Notes:



# Log In Information

E-Mail:

Password:

E-Mail:

Password:

Apple/Android  
Username:

Password:

Facebook Username:

Password:

Instagram Username:

Password:

Twitter Username:

Password:

Snapchat Username:

Password:

Reddit Username:

Password:

Tik Tok Username:

Password:

LinkedIn Username:

Password:

23&Me Username:

Password:

Ancestry Username:

Password:

# Log In Information

Tinder:

Password:

Hinge:

Password:

Bumble:

Password:

\_\_\_\_\_ Username:

Password:

\_\_\_\_\_ Username:

Password:

\_\_\_\_\_ Username:

Password:

\_\_\_\_\_ Username:

Password:

\_\_\_\_\_ Username:

Password:

\_\_\_\_\_ Username:

Password:

\_\_\_\_\_ Username:

Password:

\_\_\_\_\_ Username:

Password:

\_\_\_\_\_ Username:

Password:

# Security Questions

Question:

Answer:

Question:

Answer:

Question:

Answer:

Question:

Answer:

*P.S. Maybe if you don't know these, you shouldn't be looking....*

# Electronics

Cell Phone Number:

Provider:

Username:

Password:

Make & Model:

Pin Number:

Serial Number:

Computer:

Provider:

Username:

Password:

Make & Model:

Pin Number:

Serial Number:

\_\_\_\_\_:

Provider:

Username:

Password:

Make & Model:

Pin Number:

Serial Number:

# Addresses

Current Address:

Lived Here Since:

Living With:

Alarm code?

Address:

Dates:

Lived With:

Address:

Dates:

Lived With:

Address:

Dates:

Lived With:

# Addresses

Address:

Dates:

Lived With:

Address:

Dates:

Lived With:

Address:

Dates:

Lived With:

Address:

Dates:

Lived With:

# Frequently Visited Places

Name :

Address :

Reason :

Frequency :

Name :

Address :

Reason :

Frequency :

Name :

Address :

Reason :

Frequency :

Name :

Address :

Reason :

Frequency :

# Frequently Visited Places

Name :

Address :

Reason :

Frequency :

Name :

Address :

Reason :

Frequency :

Name :

Address :

Reason :

Frequency :

Name :

Address :

Reason :

Frequency :



# Transportation Information

Car Make, Model, & Year:

License Plate Number:

State:

Vehicle Identification Number:

Insurance Provider:

Policy Number:

Car Make, Model, & Year:

License Plate Number:

State:

Vehicle Identification Number:

Insurance Provider:

Policy Number:

Uber Username:

Password:

Lyft Username:

Password:

Bus Pass #:

Password:

Metro Pass #:

Password:

# Employment Information

*Current*

Company:

Position:

Address:

Employment Dates:

Supervisor Contact Information:

Work Schedule:

Company:

Position:

Address:

Employment Dates:

Supervisor Contact Information:

Work Schedule:

# Employment Information

Company:

Position:

Address:

Employment Dates:

Supervisor Contact Information:

Work Schedule:

Company:

Position:

Address:

Employment Dates:

Supervisor Contact Information:

Work Schedule:

# Bank Information

Bank:

Account Type:

Account #:

Username:

Password:

Bank:

Account Type:

Account #:

Username:

Password:

Bank:

Account Type:

Account #:

Username:

Password:

Bank:

Account Type:

Account #:

Username:

Password:

# Credit Card Information

Bank :

Type :

Number :

PIN :

Bank :

Type :

Number :

PIN :

Bank :

Type :

Number :

PIN :

Bank :

Type :

Number :

PIN :

# Insurance Information

Type:

Company:

Amount Insured:

Beneficiary:

Type:

Company:

Amount Insured:

Beneficiary:

Type:

Company:

Amount Insured:

Beneficiary:

# Insurance Information

Type:

Company:

Amount Insured:

Beneficiary:

Type:

Company:

Amount Insured:

Beneficiary:

Type:

Company:

Amount Insured:

Beneficiary:

# Where the hell is it?

Note: If it's important and not in this file, say where the hell it is.







# Notes

A blank sheet of white lined paper with a vertical margin line on the left side. The paper is oriented vertically and has a light blue background. The top of the page is blank, and the rest of the page is filled with horizontal blue lines. The bottom-left corner of the paper is rounded.

# Notes

A blank sheet of white lined paper with a vertical margin line on the left side. The paper is oriented vertically and has a light blue background. The word "Notes" is written in a bold, black, sans-serif font at the top center. The paper is otherwise empty, with no text or markings.

# Notes

A blank sheet of white lined paper with a vertical margin line on the left side. The paper is oriented vertically and features horizontal blue lines for writing. The top and bottom corners of the paper are rounded. The entire sheet is set against a light yellow background.