Oh Sh*t Folder

Love, _____

Table of Contents

Section   Page

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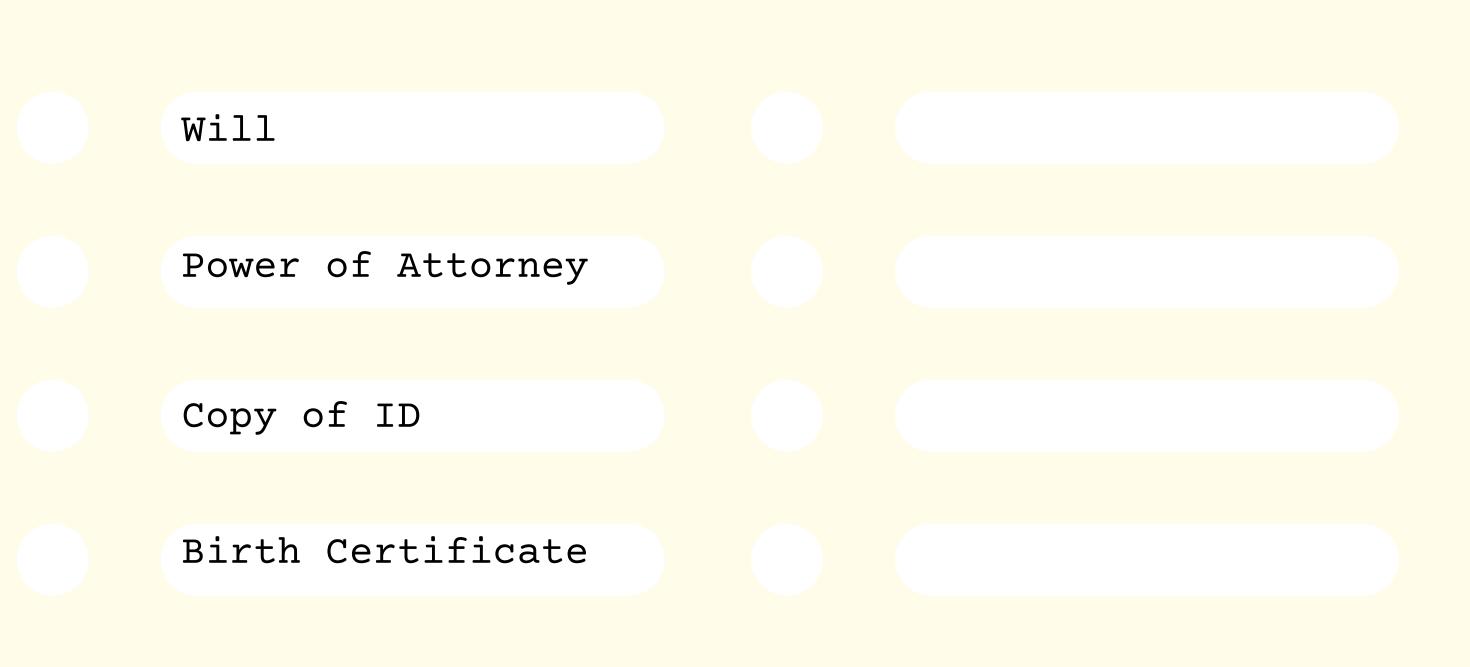
P.S. Don't wait 48 hours to contact police!

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!

- Will
- Power of Attorney
- Copy of ID
- Birth Certificate
- Social Security Card
- Passport
- Life Insurance
- Home Insurance
- Car Insurance
- Marriage License

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)*:
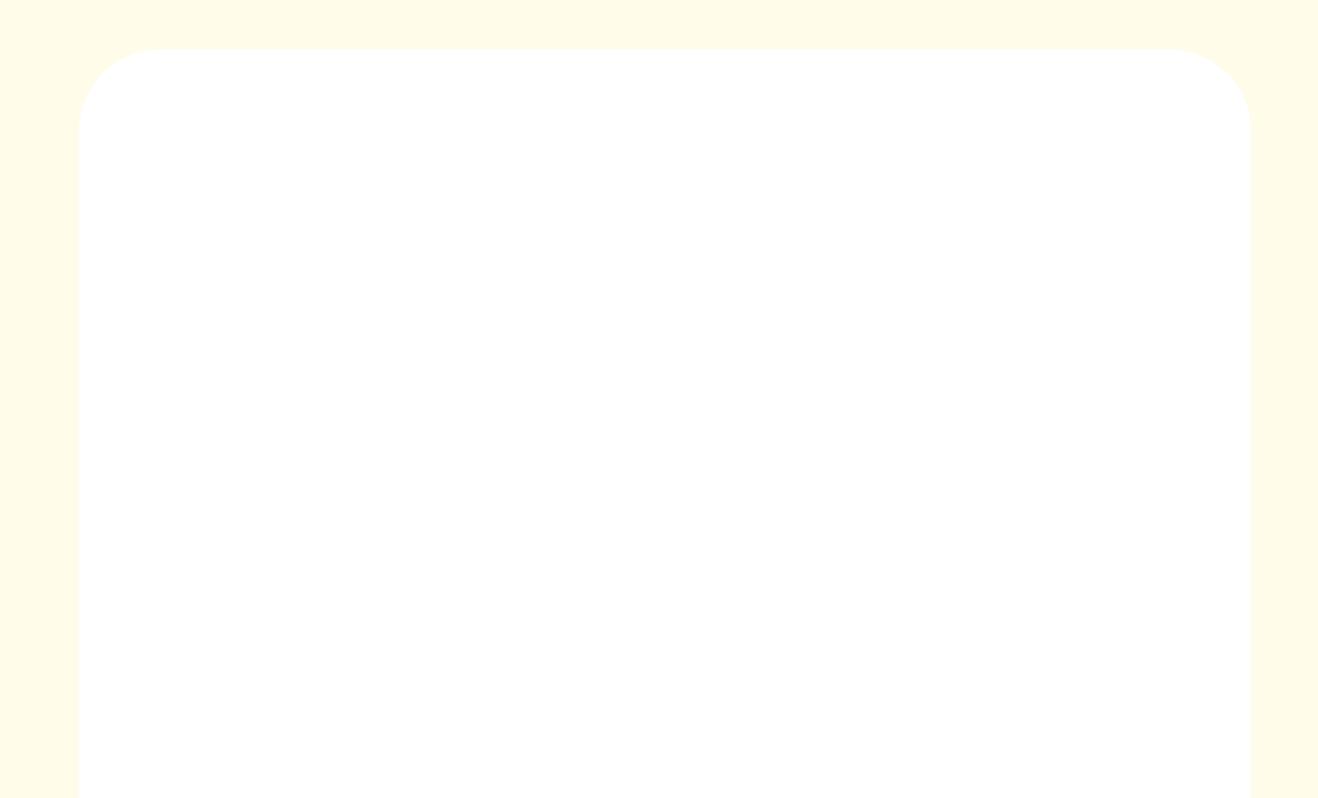Eye Color *(Natural & Contacts)*:

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

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:

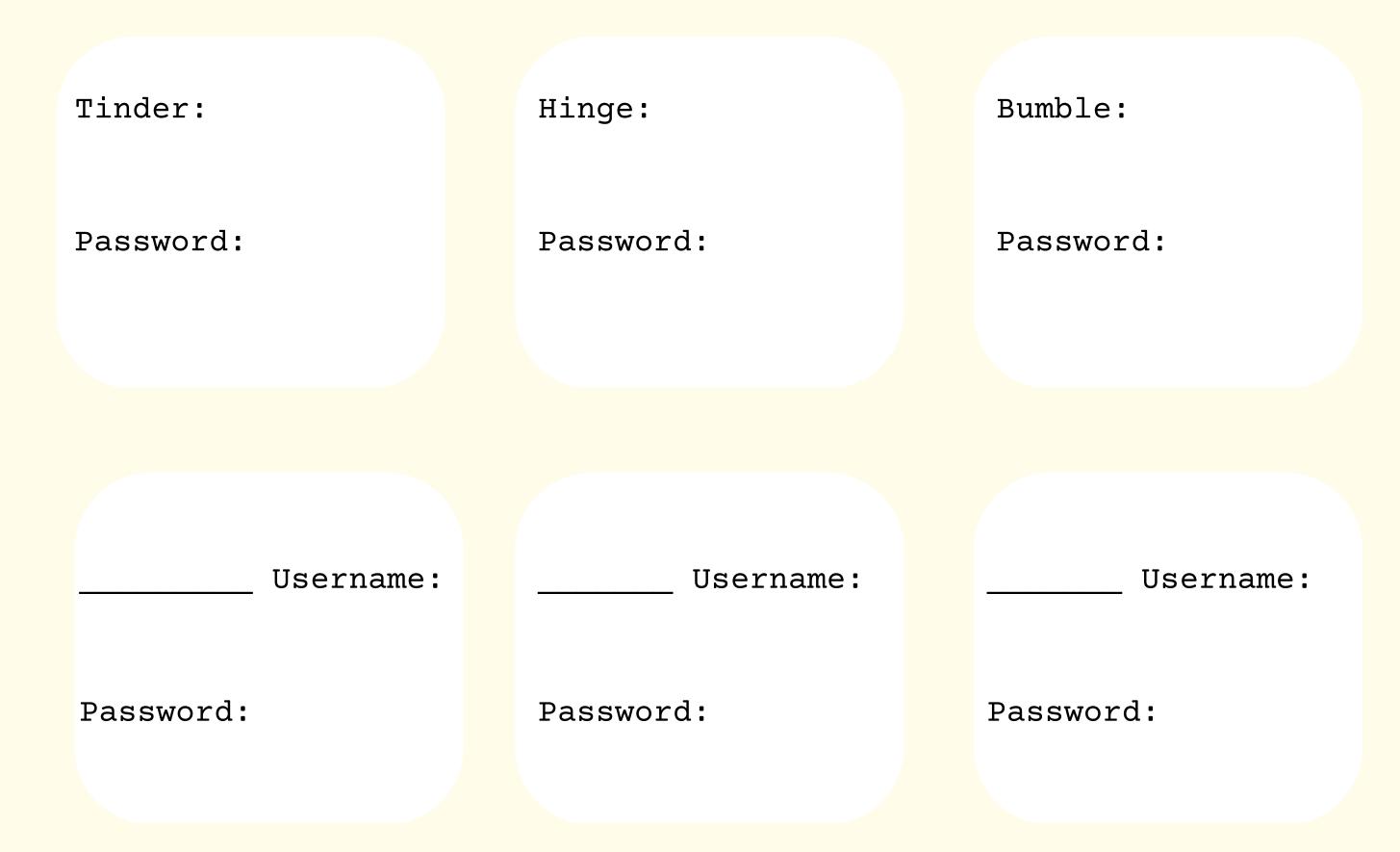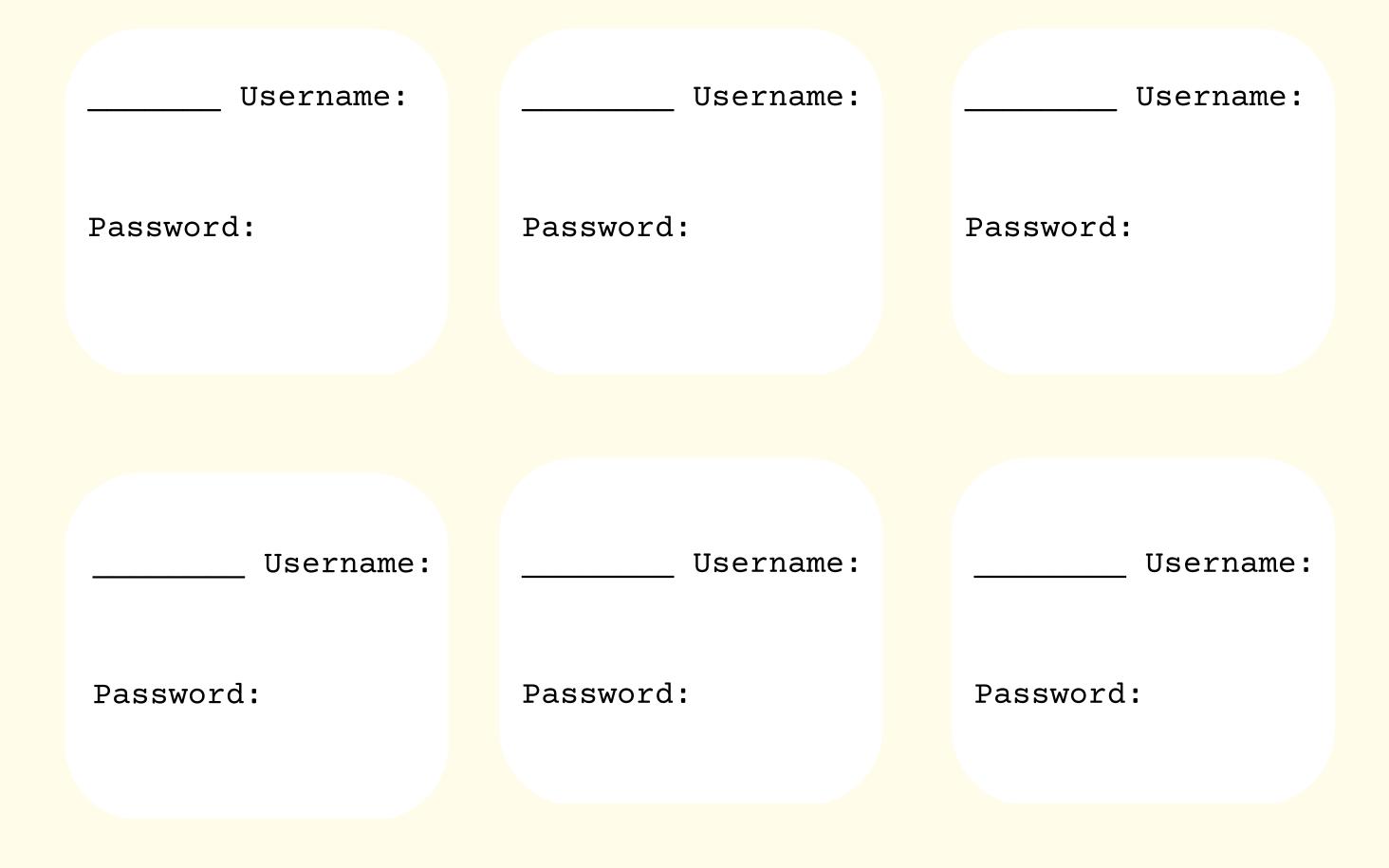# Log In Information

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:
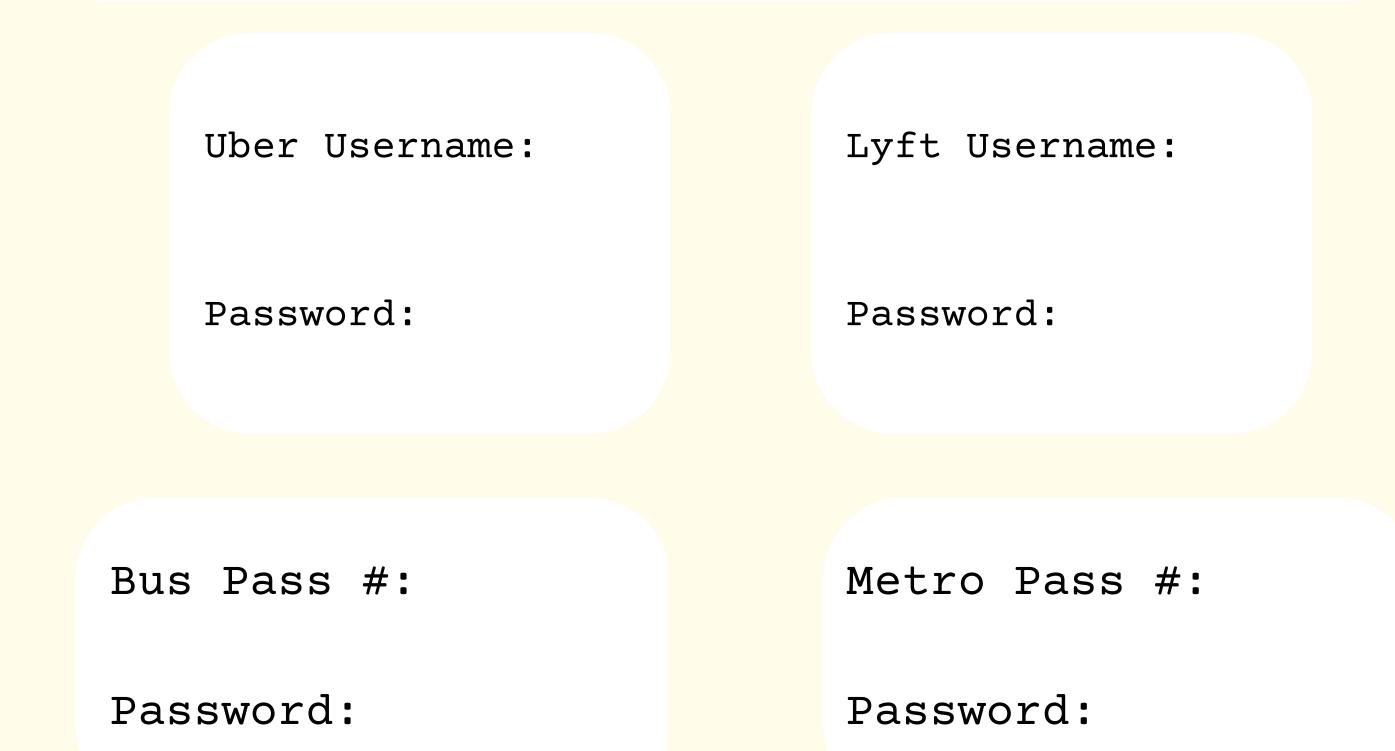
Name:

Address:

Reason:

Frequency:

Transporation 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

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:

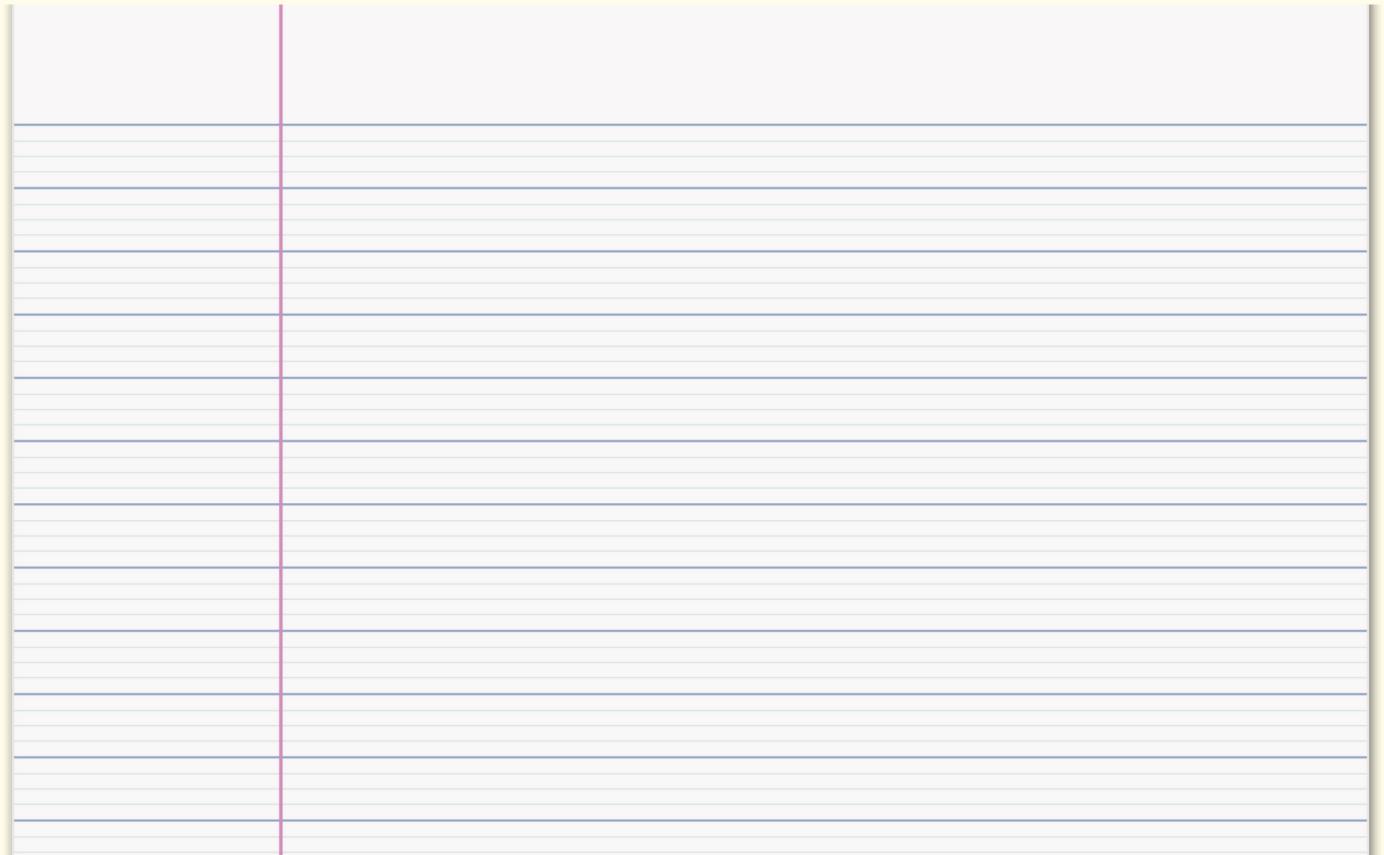Beneficiary:

Where the hell is it?

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

Notes

Notes

Notes