



## What My Family Should Know

NAME: \_\_\_\_\_

LAST UPDATED: \_\_\_\_\_



# My Information Sheet

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

U.S. Citizen  Yes  No Naturalized  Yes  No

Date Naturalized: \_\_\_\_\_ Location: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Application Number: \_\_\_\_\_

Marital Status:

Single  Married  Divorced  Seperated  Widowed

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

## ***Former Spouse***

Name (First-Middle-Maiden): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Date of Divorce: \_\_\_\_\_ Place of Divorce: \_\_\_\_\_

Still Alive ?  Yes  No Date if Marriage Ended in Death: \_\_\_\_\_

## ***Military Service***

Branch of Service: \_\_\_\_\_ Date of Inlistment: \_\_\_\_\_

Place of Inlistment: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Last Unit: \_\_\_\_\_ Location: \_\_\_\_\_

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Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Date of Funeral/Cremation: \_\_\_\_\_ Location: \_\_\_\_\_

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Fathers Name: \_\_\_\_\_ Still Alive ?  Yes  No

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Still Alive ?  Yes  No

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

# My Spouse's Information Sheet

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

U.S. Citizen  Yes  No Naturalized  Yes  No

Date Naturalized: \_\_\_\_\_ Location: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Application Number: \_\_\_\_\_

Marital Status:

Single  Married  Divorced  Seperated  Widowed

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

## ***Former Spouse***

Name (First-Middle-Maiden): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Date of Divorce: \_\_\_\_\_ Place of Divorce: \_\_\_\_\_

Still Alive ?  Yes  No Date if Marriage Ended in Death: \_\_\_\_\_

## ***Military Service***

Branch of Service: \_\_\_\_\_ Date of Inlistment: \_\_\_\_\_

Place of Inlistment: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Last Unit: \_\_\_\_\_ Location: \_\_\_\_\_

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Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Date of Funeral/Cremation: \_\_\_\_\_ Location: \_\_\_\_\_

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Fathers Name: \_\_\_\_\_ Still Alive ?  Yes  No

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Still Alive ?  Yes  No

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

# Our Children's Information Sheet

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

U.S. Citizen  Yes  No Naturalized  Yes  No

Date Naturalized: \_\_\_\_\_ Location: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Application Number: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

U.S. Citizen  Yes  No Naturalized  Yes  No

Date Naturalized: \_\_\_\_\_ Location: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Application Number: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

U.S. Citizen  Yes  No Naturalized  Yes  No

Date Naturalized: \_\_\_\_\_ Location: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Application Number: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

U.S. Citizen  Yes  No Naturalized  Yes  No

Date Naturalized: \_\_\_\_\_ Location: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Application Number: \_\_\_\_\_

## · Documents List ·

DD-214s

แบบฟอร์ม DD-214s

U.S. Military ID Card

บัตรประจำตัวข้าราชการทหารอเมริกัน

U.S. Naturalization Certificate

ใบรับรองสัญชาติอเมริกัน

U.S. Green Card

เอกสารอนุญาตให้อาศัยในสหรัฐอเมริกา

U.S. Social Security Card

บัตรประกันสังคมอเมริกัน

Thai ID Card

บัตรประจำตัวประชาชน

Thai Passport (+ U.S. Passport)

หนังสือเดินทางของประเทศไทยและสหรัฐอเมริกา

Marriage Certificate (+ English)

ใบทะเบียนสมรส(ภาษาอังกฤษ)

Divorce Certificate (+ English) (Both)

กรณีหย่ามาทั้งทะเบียนสมรสและใบหย่า(ภาษาอังกฤษ)

Birth Certificate - Wife (+ English)

ใบเกิดของภรรยา(ภาษาอังกฤษ)

Birth Certificate - Children (+ English)

ใบเกิดของบุตร(ภาษาอังกฤษ)

Adoption Papers

เอกสารการบริจาคให้แก่มูลนิธิต่างๆ

Insurance Documents

เอกสารประกันภัย

Bank Statements / Documents

รายการเงินฝากถอนในบัญชีเงินฝาก

Stocks & Bonds Statements

ใบหุ้นทุนหุ้นกู้หรือพันธบัตร

Retiree Account Statement

รายการเงินฝากถอนในบัญชีเกษียณอายุ

Veterans Affairs (VA) Documents

เอกสารทหารผ่านศึก

Wills / Powers of Attorney

พินัยกรรม/หนังสือมอบอำนาจ

Income Tax Records

เอกสารบันทึกการเสียภาษีเงินได้

Safe Deposit Box

ตู้รับรักษาของธนาคาร

Copies of Deeds / Mortgages

เอกสารโฉนดหรือเอกสารจำนองอสังหาริมทรัพย์

Outstanding Debts

หนี้คงค้างที่ยังต้องชำระ

Association Membership(s)

เป็นสมาชิกของสมาคม

### **Miscellaneous Information:**

Make at least 8 copies of Death Certificate with translation

Make necessary changes to your DEERS Program, Tricare, etc.

Change Social Security & Military retirement payments

Check with VA for entitlements (Grave Marker, Payments, Presidential Memorial Certificate)

Check with VFW about Memorial Service & Casket Flag

Survivor should update appropriate will

Contact Bank(s) as appropriate

Extra Credit/ATM Cards should be destroyed or canceled

Appropriate changes should be made to all joint ownerships

Contact Insurance companies as appropriate

Turn in Military and Dependent ID Card's (Where and when required)

\* MAKE EVERY EFFORT TO RETAIN "ORIGINAL" DOCUMENTS

PROVIDE CERTIFIED COPIES WHENEVER POSSIBLE

## Bank and Finance Information

Bank #1

Address

Phone No's

Fax

Web Site

Routing No./Swift Code:

Account No.

Owner:

Type of Account:

Account No.

Owner:

Type of Account:

Bank Card:

Card No.

Pin No.

Bank Card:

Card No.

Pin No.

Remarks:

Bank #2

Address

Phone No's

Fax

Web Site

Routing No./Swift Code:

Account No.

Owner:

Type of Account:

Account No.

Owner:

Type of Account:

Bank Card:

Card No.

Pin No.

Bank Card:

Card No.

Pin No.

Remarks:

Bank #3

Address

Phone No's

Fax

Web Site

Routing No./Swift Code:

Account No.

Owner:

Type of Account:

Account No.

Owner:

Type of Account:

Bank Card:

Card No.

Pin No.

Bank Card:

Card No.

Pin No.

Remarks:

## Bank and Finance Information

Bank #4 \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No's \_\_\_\_\_ Fax \_\_\_\_\_  
Web Site \_\_\_\_\_ Routing No./Swift Code: \_\_\_\_\_  
Account No. \_\_\_\_\_ Owner: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Account No. \_\_\_\_\_ Owner: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Bank Card: \_\_\_\_\_ Card No. \_\_\_\_\_ Pin No. \_\_\_\_\_  
Bank Card: \_\_\_\_\_ Card No. \_\_\_\_\_ Pin No. \_\_\_\_\_  
Remarks: \_\_\_\_\_

Bank #5 \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No's \_\_\_\_\_ Fax \_\_\_\_\_  
Web Site \_\_\_\_\_ Routing No./Swift Code: \_\_\_\_\_  
Account No. \_\_\_\_\_ Owner: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Account No. \_\_\_\_\_ Owner: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Bank Card: \_\_\_\_\_ Card No. \_\_\_\_\_ Pin No. \_\_\_\_\_  
Bank Card: \_\_\_\_\_ Card No. \_\_\_\_\_ Pin No. \_\_\_\_\_  
Remarks: \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No's \_\_\_\_\_ Fax \_\_\_\_\_  
Gross Pay: \_\_\_\_\_ Net Pay: \_\_\_\_\_ Taxable Income: \_\_\_\_\_

*Other Sources of Income: (Rental Income, Insurance Premiums, Pension, etc.)*

Source: \_\_\_\_\_ Amount: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \_\_\_\_\_

*Listing of Outstanding Debts*

Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_  
Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_  
Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_  
Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_  
Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_  
Creditor: \_\_\_\_\_ Amount: \_\_\_\_\_

*Military Pay Information*

Gross Pay: \_\_\_\_\_ Net Pay: \_\_\_\_\_ Taxable Income: \_\_\_\_\_

*Deductions:*

Survivors Benefits Costs \_\_\_\_\_  
Federal Income Tax \_\_\_\_\_  
State Income Tax \_\_\_\_\_  
Allotments \_\_\_\_\_  
Insurance Premiums \_\_\_\_\_  
\_\_\_\_\_  
Total Deductions: \_\_\_\_\_

*Military Survivors Befefits Plan (SBP)*

Election: \_\_\_\_\_  
Annuity Base Amount: \_\_\_\_\_  
Annuity Amount: \_\_\_\_\_

*Social Security (When Applicable)*

Social Security Claim Number: \_\_\_\_\_  
Month Filed \_\_\_\_\_  
Type of Benefit(s): \_\_\_\_\_  
Beginning Date: \_\_\_\_\_  
Amount of Benefits: \_\_\_\_\_





*My Final Wishes*

Name: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

I Prefer: \_\_\_\_\_ Choice of Cemetery: \_\_\_\_\_

If Cremated Ashes to be: \_\_\_\_\_

Musical Selection: \_\_\_\_\_

Requested Pallbearer: \_\_\_\_\_ Requested Pallbearer: \_\_\_\_\_

Requested Pallbearer: \_\_\_\_\_ Requested Pallbearer: \_\_\_\_\_

Requested Pallbearer: \_\_\_\_\_ Requested Pallbearer: \_\_\_\_\_

Special Requests: \_\_\_\_\_

Organ Donation

- I DO NOT want any of my organs donated
- I would like to donate ANY organs needed for transplant
- I would like to donate my body for research
- I would like to donate the following organs for transplant/research:

List Organs: \_\_\_\_\_

Request an Obituary  Yes  No

Included the Following: \_\_\_\_\_

*My Spouse's Final Wishes*

Name: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

I Prefer: \_\_\_\_\_ Choice of Cemetery: \_\_\_\_\_

If Cremated Ashes to be: \_\_\_\_\_

Musical Selection: \_\_\_\_\_

Requested Pallbearer: \_\_\_\_\_ Requested Pallbearer: \_\_\_\_\_

Requested Pallbearer: \_\_\_\_\_ Requested Pallbearer: \_\_\_\_\_

Requested Pallbearer: \_\_\_\_\_ Requested Pallbearer: \_\_\_\_\_

Special Requests: \_\_\_\_\_

Organ Donation

- I DO NOT want any of my organs donated
- I would like to donate ANY organs needed for transplant
- I would like to donate my body for research
- I would like to donate the following organs for transplant/research:

List Organs: \_\_\_\_\_

Request an Obituary  Yes  No

Included the Following: \_\_\_\_\_

*Family Contacts*

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name 3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name 4: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name 5: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name 6: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name 7: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name 8: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Email: \_\_\_\_\_

*Professional Contacts*

Doctor: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Clergy: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Attorney: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Broker: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Accountant: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Insurance: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Policy No. \_\_\_\_\_ Cert. No. \_\_\_\_\_ Contact: \_\_\_\_\_

Remarks: \_\_\_\_\_

Insurance: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

Policy No. \_\_\_\_\_ Cert. No. \_\_\_\_\_ Contact: \_\_\_\_\_

Remarks: \_\_\_\_\_