

My Record of Personal Affairs:

First	Middle	Last
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Retired Military Grade	Branch of Service	SSN
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Street Address	City/State	Zip Code
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Service Number	Date of Entry and Date, Type, and Character of separation from military
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Date and Place of Birth:

City, State, Zip	Month/Day/Year
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Parents' Information:

Father	First	Middle	Last
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Mother	First	Middle	Last
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Children:

First	Middle	Last	DOB	SSN
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First	Middle	Last	DOB	SSN
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First	Middle	Last	DOB	SSN
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First	Middle	Last	DOB	SSN
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Your Marital History:

Your spouse's name	Spouse's SSN	Spouse's birthdate
Location of marriage (city, state/country)		Date of marriage
Your prior spouse's name (if applicable)		Date of prior marriage
Location of prior marriage (city, state/country)		Date/place/circumstance of end of marriage (if applicable)
Your <i>total</i> number of marriages		Your spouse's <i>total</i> number of marriages

Trusted Associates: List a personal lawyer or trusted friend who may be consulted in regard to personal or business affairs.

First	Middle	Last
Address	Phone	Email

Location of Family Records: List the physical location(s) where your family can find important documentation. Documents can include; birth certificates, adoption paperwork, marriage certificate, naturalization papers, divorce decrees, death certificates, tax documents, etc.

Your Will:Do you have a will ? Circle one: **Yes** **No**

Location of Will

Executor's name & contact information

Lawyer's name and contact information

Power of Attorney: Personal, not VA assigned. Do you have a POA? Circle one: **Yes** **No**

Name of POA

Location of document

City, state zip

Phone

Bank Accounts: Include name of financial institution, name of joint account holders, account number, and phone number.**Credit Cards:** Include name and phone number.**Location of Important Financial Documents:** Include savings bonds, stocks, mutual funds, 401K, safe deposit box, etc.

Real Estate: If your family needs any assistance with your home loan, they can contact a VA Regional Loan Center at 1-877-827-3702 for assistance. You do not need a VA Loan to request assistance.

Primary Residence (address)

Mortgage Institution (If applicable)

Location of physical Mortgage note

Property insurance (include company and policy number)

Investment Properties: Include address(es) and location of deed/note.

Vehicles owned: List the year, make, model and vehicle ID number (VIN) for each vehicle you own.

Life Insurance:

Circle the following types of insurance you have: **Government** **Life** **Mortgage**

List the insurance company, policy number, face value and payment option below.

Other Insurance: List any health, vehicle, or other insurance you have.

Annuities: Government and private.

Payable to (full name)

Monthly Amount

Address (city, state, zip)

Phone

Employer / Membership: If employed (or retired), list any survivor benefit that may be payable.

Employer

Survivor Benefit

City, state, zip

Phone

Membership in Organizations or Associations: List any organizations with which you are affiliated that may assist your survivors. Also list other local Veteran Service Organizations which may be of assistance.

Veterans Affairs Record: Survivors should contact VA at 1-800-827-1000 to report death and discontinue benefits.

VA claim number (if applicable)

Social Security: Survivors should contact local SSA office to see if burial benefits are available.

Social Security monthly payment

Location of SSA papers

Retirement Pay: Civilian and/or military

Finance center

Current deposit location

Beneficiary or any unpaid retired pay

Relationship

Phone

Military Documents:

Location of DD-214 (separation papers)

Location of other military documents (awards, medical etc.)

Military Survivor/Casualty Assistance Officer: Active and retired military personnel.

Name and Location

Phone

Funeral and Burial Arrangements:

Funeral Location

Funeral director

Address

Phone

Church, Clergy or Desired Officiant:

Clergyperson/Officiant

Office Phone

Home Phone

Name of institution/organization

Address

For Those Who Wish to be interred in a VA National Cemetery:

Date of birth

Social Security Number

Rank / Branch of service

Date of entry into service

Date of separation

Service number

Other Suggestions or Wishes:

Wishes for Burial and Funeral Service Arrangements:

Name of resting place

Phone

Hymns, psalms, scriptures, poetry, or special requests

Flowers / memorial (if in lieu of flowers)

Memorial and remembrances

Indicate emblem choice for VA Form 40-1330

Do you have a pre-paid burial/plot? Circle one: Yes No

Pallbearers:

Special instructions:

Obituary Biography:
