Personal Critical Data

Provide information to assist your family in the case of your death or incapacitation. A copy should be kept with your personal papers and with key relatives. At your request, your employer will keep a copy with your confidential personnel file. Attach and number any additional pages/documents.

Name:				**Organ Donor?**
SS#:		**Date of Birth (m/d/y):**	/ /	**Yes No**
Place of Birth:				

Family Members	**Date of Birth**	**Address/Phone Number**	**Dependent?**
	/ /		**Yes No**
	/ /		**Yes No**
	/ /		**Yes No**
	/ /		**Yes No**

Contacts in Case of Death

Provide names of individuals to be contacted in case of death.

Name	**Relationship**	**Address**	**Phone #**
	Spouse		( ) -
	Pastor		( ) -
	Attorney		( ) -
	Employer		( ) -
	Will Admin.		( ) -
	Retirement Plan		( ) -
	Trust Administrator		( ) -
	Physician		( ) -

Insurance Policies

Document Location	**Policy #**	**Company**	**Beneficiary**	**Type of Coverage**	**Agent Phone #**