

Storm Preparedness Series

**My Important Family
and
Household Records**



My Important Family and Household Records

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By gathering important information now, you can make it much easier for family members and yourself to recover from an emergency or disaster situation. For example, in the event of a severe storm, it might be necessary to quickly evacuate your home. There may not be the time enough to collect all your important information likely to be needed to help you recover as quickly as possible. Also, trying to locate records following a natural disaster or an emergency can be more difficult to accomplish and add more stress to a challenging situation.

Having your records organized can help you:

- provide proof of ownership,
- save time as you will know where your records are and not have to search for them,
- document transactions, and
- locate documentation related to taxes.

The following pages are provided as a template to help you identify, collect, review and record your documents. Though at first the task of recording important family and household records may seem a bit overwhelming, it doesn't have to be. Here are a couple of different approaches you might use to compile your information. One way might be to make a plan to complete two or three sheets each week. Another method might be to start with the documents you receive online or in the mail over the next few weeks and then continue on to complete the rest of your documentation.

Once completed, you will want to consider where to keep your record of important family and household information. It is important that your records be kept in secure and accessible locations should you need to refer to it, update it, or quickly evacuate your home. Make extra copies to keep in different locations.

- fireproof/waterproof safe
- trusted family member/friend who lives in a different community
- safe deposit box

Completing this documentation can give you some peace of mind that you have taken action to improve and secure your records.

My Important Family and Household Records

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Family Members' Information

Residential Address

Street Address:

City, State, Zip:

Home Phone:

Self

Spouse

Full Legal Name:

Full Legal Name:

Birth Date:

Birth Date:

Place of Birth:

Place of Birth:

Location of Birth Certificate:

Location of Birth Certificate:

Social Security Number:

Social Security Number:

Location of Social Security Card:

Location of Social Security Card:

Cell Phone:

Cell Phone:

Your Employer

Spouse's Employer

Company/Organization Name:

Company/Organization Name:

Street Address:

Street Address:

City, State, Zip:

City, State, Zip:

Supervisor/Other Contact Name:

Supervisor/Other Contact Name:

Work Phone:

Work Phone:

Home Phone:

Home Phone:

Work Email:

Work Email:

Children/Other Adult Members of the Household

Legal Name:	Legal Name:
Date of Birth:	Date of Birth:
Location of Birth Certificate:	Location of Birth Certificate:
Social Security Number:	Social Security Number:
Location of Social Security Card:	Location of Social Security Card:
Cell Phone:	Cell Phone:
Email:	Email:
School/Employer:	School/Employer:
Contact Name:	Contact Name:
Contact Phone Number:	Contact Phone Number:
Legal Name:	Legal Name:
Date of Birth:	Date of Birth:
Location of Birth Certificate:	Location of Birth Certificate:
Social Security Number:	Social Security Number:
Location of Social Security Card:	Location of Social Security Card:
Cell Phone:	Cell Phone:
Email:	Email:
School/Employer:	School/Employer:
Contact Name:	Contact Name:
Contact Phone Number:	Contact Phone Number:
Legal Name:	Legal Name:
Date of Birth:	Date of Birth:
Location of Birth Certificate:	Location of Birth Certificate:
Social Security Number:	Social Security Number:
Location of Social Security Card:	Location of Social Security Card:
Cell Phone:	Cell Phone:
Email:	Email:
School/Employer:	School/Employer:
Contact Name:	Contact Name:
Contact Phone Number:	Contact Phone Number:

Pets Identification

Pets Identification	
Pet Name:	Pet Name:
Date of Birth:	Date of Birth:
Veterinarian:	Veterinarian:
Facility Name:	Facility Name:
Facility Address:	Facility Address:
Phone/Email:	Phone/Email:
Location of Health Records:	Location of Health Records:
Pet Name:	Pet Name:
Date of Birth:	Date of Birth:
Veterinarian:	Veterinarian:
Facility Name:	Facility Name:
Facility Address:	Facility Address:
Phone/Email:	Phone/Email:
Location of Health Records:	Location of Health Records:
Pet Name:	Pet Name:
Date of Birth:	Date of Birth:
Veterinarian:	Veterinarian:
Facility Name:	Facility Name:
Facility Address:	Facility Address:
Phone/Email:	Phone/Email:
Location of Health Records:	Location of Health Records:

Emergency Contacts

List here the trusted family members and friends who should be notified if something happens to you, your spouse, or other family members. It may be wise to include at least one contact outside of your community.

Contact #1:	Contact #4:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Personal Email:	Personal Email:
Contact #2:	Contact #5:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Personal Email:	Personal Email:
Contact #3:	Contact #6:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Personal Email:	Personal Email:

Health Care and Personal Advisors

Health Care and Personal Advisors	
Primary Care Physician:	
Facility Name and Address:	
Phone:	
Eye Care:	
Facility Name and Address:	
Phone:	
Dental Care:	
Facility Name and Address:	
Phone:	
1. Health Care Specialist Name/Specialty:	
Facility Name and Address:	
Phone:	
2. Health Care Specialist Name/Specialty:	
Facility Name and Address:	
Phone:	
3. Health Care Specialist Name/Specialty:	
Facility Name and Address:	
Phone:	
Religious Advisor Name:	
House of Worship Name/Address:	
Phone/Email:	

Insurance Policies

Insurance Policies	
Home/Condo/Renters' Insurance Company:	
Policy Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Auto Insurance Company:	
Policy Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Health Insurance Company:	
Member Identification Number:	
Group Identification Number <i>if applicable</i> :	
Phone:	
Website Address:	
Medicare Supplemental Insurance Company:	
Identification Number:	
Phone:	
Website Address:	
Dental Insurance Company:	
Identification Number:	
Phone:	
Website Address:	

Insurance Policies *continued*

Life Insurance Company:	
Policy Number:	
Phone:	
Website Address:	
Disability Insurance Company:	
Policy Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Long Term Care Insurance Company:	
Policy Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Pet Insurance Company:	
Policy Number:	
Phone:	
Website Address:	
Other Insurance (Type of Coverage):	
Insurance Company Name:	
Identification Number:	
Phone:	
Website Address:	

Financial Accounts: Checking and Savings

Bank/Credit Union Name:	
Account Number/s:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Bank/Credit Union Name:	
Account Number/s:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Bank/Credit Union Name:	
Account Number/s:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Bank/Credit Union Name:	
Account Number/s:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	

Income and Assets	
Company Name:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Company Name:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Company Name:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Company Name:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	

Financial Obligations

Financial Obligations	
Company Name:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Company Name:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Company Name:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Company Name:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	

Credit Cards

Credit Card Company:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Credit Card Company:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Credit Card Company:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Credit Card Company:	
Account Number:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	

Health Records

Health Records	
Name of Provider/Records for:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Account Number/Personal Identification:	
Access Code	
Name of Provider/Records for:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Account Number/Personal Identification:	
Access Code	
Company Name:	
Name of Provider/Records for:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Account Number/Personal Identification:	
Access Code	
Name of Provider/Records for:	
Address Line 1:	
Address Line 2:	
Phone:	
Website Address:	
Account Number/Personal Identification:	

Location of Important Family Documents

Item/Document	Location
Safe Deposit Box and Key	
Marriage Certificate	
Diplomas	
Military Records	
Employment Records	
Naturalization/Citizenship Papers	
Death Certificate	
Divorce, if applicable	
Immunization Records	
Passport	
Tax Records	
Funeral Plans	
Cemetery Plot/Burial Arrangements	
Letter of Last Instructions	
Will/s	
Living Will/s	
Trusts	
Financial Powers of Attorney	
Medical Powers of Attorney	
Contracts	
Real Estate Deeds	
Car, Boat, or RV Registrations and Titles	
Household Inventory	
Insurance Policies	
Investment Records	
Income Tax Information	
Pay Stubs and Employer Benefits Records	
Computer Files	
Family Photos	
Videos	

Membership in Organizations, Associations, and Clubs

Organization	Organization
Address	Address
Phone	Phone
In the name of	In the name of
Membership Number	Membership Number

Organization	Organization
Address	Address
Phone	Phone
In the name of	In the name of
Membership Number	Membership Number

Organization	Organization
Address	Address
Phone	Phone
In the name of	In the name of
Membership Number	Membership Number

Organization	Organization
Address	Address
Phone	Phone
In the name of	In the name of
Membership Number	Membership Number

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