

FAMILY INFORMATION GUIDE

VITAL STATISTICS AND HISTORICAL DATA

Full Name _____ Phone _____
 Address _____ City _____ County _____
 State _____ Zip _____ Birthdate _____ Birthplace _____
 In City Since _____ In County Since _____ In State Since _____
 Single _____ Married _____ Widowed _____ Divorced _____
 Social Security No. _____ Union Local _____ No. _____
 Employed By (or retired from) _____ Job Title _____
 Father's Name _____ Living Yes No Birthplace _____
 Mother's Maiden Name _____ Living Yes No Birthplace _____

VETERANS INFORMATION

Branch of Service _____ Name of War _____ Rank and Rate at Discharge _____
 Service Number _____ V.A. Claim Number _____
 Place of Enlistment _____ Place of Discharge _____
 Enlistment Dates: _____ to _____ Location of Discharge Papers: In Home _____ Other _____

SPOUSE VITAL STATISTICS AND HISTORICAL DATA

Full Name _____ Living Yes No Date of Death _____
 Birthdate _____ Birthplace _____ Social Security Number _____

PERSONS TO BE NOTIFIED

In the event of an emergency, please notify the following people to assist in any further arrangements. (Relatives, Friends, Neighbors)

Name _____ Relationship _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Name _____ Relationship _____ Phone _____
 Address _____ City _____ State _____ Zip _____

PERSON TO BE IN CHARGE OF FINAL ARRANGEMENTS:

Name _____
 Address _____ City/State _____ Phone _____

LAST WILL AND TESTAMENT

I Have Prepared My Will: Husband _____ Wife _____
 My Attorney Is _____ City _____ Phone _____
 Executor/Executrix _____ Relationship _____ Phone _____
 Papers Are On File: Where _____
 I Have A Living Will: Yes No Location _____

ESTATE INFORMATION

INSURANCE	COMPANY	POLICY NUMBER	AMOUNT
Life	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Group Coverage	_____	_____	
Hospital & Medical	_____	_____	
	_____	_____	

FINANCIAL INSTITUTION INFORMATION

Name of Institution _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Account Number _____ Checking/Share Draft Savings
 Name of Institution _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Account Number _____ Checking/Share Draft Savings

SAFE DEPOSIT BOX

Name of Institution _____ Phone _____
 Address _____ City _____ State _____ Zip _____

FUNERAL SERVICE REQUESTS

Funeral Home _____ Chapel _____ City _____
 Church Denomination _____ Minister _____
 Mass: Yes No Rosary: Yes No Place of Service: Funeral Home Church Graveside
 I Prefer: Earth Burial Mausoleum Cremation I Have Purchased Lots: Yes No
 My Choice of Cemetery Is _____ Location _____
 If Interment Is To Be Elsewhere: Ship To _____ Funeral Home _____
 City _____ State _____ Phone _____
 Glasses: Yes No Jewelry: Yes No Clothing: My Own New
 Special Instructions: _____

 _____ Counselor: _____

Signature _____

Date _____



Family Information Guide

Provided By:



**National Income Life
Insurance Company**

P.O. Box 5009 Syracuse, NY 13220
(315) 451 8180 www.nilife.com

Important
Information
and
Instructions
(*Confidential*)

NOTE!

This guide should be
kept in a safe place
at home . . .

**DO NOT KEEP IN A
SAFE DEPOSIT BOX**