



# Essential Family Preparedness Workbook

Centralize important documents and information for your family and loved ones. This document will be a critical resource in the event of an emergency or major life event.

This checklist is designed to help organize important information so that you are better prepared for future life stages and unforeseen circumstances.



**Key Information**



**Essential Documents**



Medical Information



Financial Information



Digital & Professional Information

## Key Information



Make sure that your loved ones know where to find your key personal information in the event of an emergency. Attach copies of all key documents to this section.



# PERSONAL INFORMATION

## MY INFORMATION

FULL LEGAL NAME: \_\_\_\_\_

GIVEN / MAIDEN NAME (if applicable): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH (hospital, city, county, state/country):  
\_\_\_\_\_

MOTHER'S FULL LEGAL NAME: \_\_\_\_\_

MOTHER'S PLACE OF BIRTH (city & state/country): \_\_\_\_\_

FATHER'S FULL LEGAL NAME: \_\_\_\_\_

FATHER'S PLACE OF BIRTH (city & state/country): \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

FULL NAMES OF ALL CHILDREN (living & deceased):

CURRENT EMPLOYER (name, address, phone, manager):

PETS:

# EMERGENCY CONTACTS

Information last updated:

CONTACT	NAME	PHONE OR EMAIL
EMERGENCY CONTACTS:		
PRIMARY DOCTOR:		
DOCTOR/ SPECIALIST:		
CLERIC:		
ATTORNEY:		
FINANCIAL ADVISOR:		

## EMERGENCY CONTACTS

Information last updated:

CONTACT	NAME	PHONE OR EMAIL
PROPERTY & CASUALTY AGENT:		
CPA:		
EXECUTOR:		
TRUSTEE:		
SUCCESSOR TRUSTEE:		
OTHER (Power of Attorney, Healthcare Proxy):		





**AssetMark, Inc.**

1655 Grant Street  
10th Floor  
Concord, CA 94520-2445  
800-664-5345

**IMPORTANT INFORMATION**

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