

# Vital Information Inventory Worksheet

This Vital Information Worksheet is a nearly all-inclusive review of your personal history and family and property obligations. The following form can be used by you and any member of your family to compile many of the more important items of personal information that are often requested. Filling one out for every member of your family is a good technique for compiling all documents into one central location or file. These files can be kept on hand for your future reference or in case of an emergency. Use your imagination to tailor them for your personal use.



## Individual Data Sheet

|   |                                   |  |   |  |
|---|-----------------------------------|--|---|--|
| Full Name   |                                   | Birth Date   | Birthplace City / State / County / Country      |  |
| Vital Documents                                   |                                   |  |   |  |
| If Adopted, Court of Adoption and Location        |                                   | Date of Adoption                                       | Location of Court Documents / Birth Certificate |  |
| Social Security Number                            | Passport Number / Issuing Country |  | Driver's License Number / State                 |  |
| Current Mailing Address                           |                                   |  | Phone Number(s)                                 |  |
| Permanent Address of Record (if applicable)       |                                   |  | Phone Number(s)                                 |  |
| Deployed Mailing Address                          |                                   | Unit Point of Contact                                  | Phone Number(s)                                 |  |
| Immediate Family Information                      |                                   |  |   |  |
| Father's Name / Address / Phone                   |                                   | Mother's Name / Address / Phone                        |   |  |
| Spouse / Significant Other Name / Address / Phone |                                   | Religion / Place of Worship Address / Point of Contact |   |  |
| Sibling Name / Address / Phone                    |                                   |  |   |  |
| Sibling Name / Address / Phone                    |                                   |  |   |  |
| Sibling Name / Address / Phone                    |                                   |  |   |  |

## Health Worksheet

|           |        |                       |            |                      |
|-----------|--------|-----------------------|------------|----------------------|
| Medical   |        |                       |            |                      |
| Physician |        | Clinic Name / Address |            | Phone Number         |
| Height    | Weight | Eye Color             | Hair Color | Blood Type/RH factor |

|  |                     |                                      |                    |
|--|---------------------|--------------------------------------|--------------------|
| Eyeglasses Y / N                               | Contact Lenses Y/ N | Date of Last Physical                | Special Conditions |
| Known Allergies                                |                     | Regular Medication (Type and Dosage) |                    |
| <b>Dental</b>                                  |                     |                                      |                    |
| Dentist  |                     | Dental Clinic Name / Address         | Phone Number       |
| Dental Considerations (Braces, Dentures, etc.) |                     | Date of Last Exam                    | Next Exam Due      |
| Location of Dental Record(s)                   |                     | Other Information                    |                    |

**Marriage Documents**

| To Whom | State / Location | Presiding Authority | Date | Location of License/<br>Certificate |
|---------|------------------|---------------------|------|-------------------------------------|
|         |                  |                     |      |                                     |
|         |                  |                     |      |                                     |

If applicable, also provide information regarding any previous marital relationships:

**Divorce / Separation Documents**

| From Whom | State / Jurisdiction | Date | Location of documents | Attorney |
|-----------|----------------------|------|-----------------------|----------|
|           |                      |      |                       |          |
|           |                      |      |                       |          |

**Children**

| Full Name | Age/ Date of Birth | Birth Place | Social Security / Passport<br>Number |
|-----------|--------------------|-------------|--------------------------------------|
|           |                    |             |                                      |
|           |                    |             |                                      |
|           |                    |             |                                      |
|           |                    |             |                                      |
|           |                    |             |                                      |
|           |                    |             |                                      |

**Personal lawyer or trusted friend to consult regarding my personal or business affairs:**

|                              |
|------------------------------|
| Name                         |
| Address and telephone number |

**Dependents Other Than Immediate Family**

| Full Name | Address | Telephone # | Relation |
|-----------|---------|-------------|----------|
|           |         |             |          |
|           |         |             |          |
|           |         |             |          |

**Actively Enrolled School Information**

| Child | Grade | Teacher | School Name / Address / Phone# | Tuition |
|-------|-------|---------|--------------------------------|---------|
|       |       |         |                                |         |
|       |       |         |                                |         |
|       |       |         |                                |         |
|       |       |         |                                |         |

**Consider arranging a plan to pay any required tuition through allotment or direct deposit. If this option is not available ensure that funds are made available to pay any recurring costs.**

**Pet(s)**

| Pet Name | Location of caretaker or kennel | Veterinarian | Location of records |
|----------|---------------------------------|--------------|---------------------|
|          |                                 |              |                     |
|          |                                 |              |                     |
|          |                                 |              |                     |

Indicate if any shots or immunization are due while you are away. Any special concerns about your pet (allergies, habits) should also be relayed to the kennel or caretaker.

**Employment Data**

|                             |                                  |                   |                                |              |
|-----------------------------|----------------------------------|-------------------|--------------------------------|--------------|
| Civilian Employer Name      |                                  | Supervisor        | Position Held / Date of Hire   |              |
| Workplace Address           |                                  |                   |                                | Phone Number |
| 401k Y / N                  | Defined Retirement Benefit Y / N | Stock Options Y/N | Health Insurance Y/N           | Dental Y/N   |
| Employer #2 (If Applicable) |                                  |                   |                                |              |
| Civilian Employer Name      |                                  | Supervisor        | Position Held/ Date of Hire    |              |
| Workplace Address           |                                  |                   |                                | Phone Number |
| 401k Y / N                  | Defined Retirement Benefit Y / N | Stock Options Y/N | Health Insurance Y/N           | Dental Y/N   |
| Military Information        |                                  |                   |                                |              |
| Member Position             |                                  | Rank / Pay Rate   | Time of Service / Date of Rank |              |
| Commander's Name            |                                  | Rank              | Phone Contact                  |              |

|                          |                       |                 |
|--------------------------|-----------------------|-----------------|
| Unit Mailing Address     |                       | Phone Number(s) |
| Deployed Mailing Address | Unit Point of Contact | Phone Number(s) |

### Military History

|                                       |  |                                     |                    |
|---------------------------------------|--|-------------------------------------|--------------------|
| Active Service Y / N                  | Branch                                   | Dates of Service                    | Type of Discharge  |
| Location of DD-214                    | Retirement Benefits Y / N                | Location of other pertinent records |                    |
| Guard Service                         | Branch                                   | Dates of Service                    | Type of Discharge  |
| Location of DD-214                    | Retirement Benefits Y/ N                 | Location of Other Records           |                    |
| Guard / Reserve Service Timeline      |  |                                     |                    |
| Status                                | Service                                  | Unit(s)                             | Dates (from/ to)   |
| Active Component                      |  |                                     |                    |
| Selected Reserve (Drilling)           |  |                                     |                    |
| Individual Ready Reserve (IRR)        |  |                                     |                    |
| Inactive Periods                      |  | N/A                                 |                    |
| Retirement Information                |  |                                     |                    |
| Currently Drawing Retirement Pay Y/ N | If Not, Date Eligible for Retirement Pay | Survivor Benefit Plan Y/ N          | If yes, date begun |
| Entitled VA Benefits                  |  | Entitled Social Security Benefits   |                    |
| Other Entitled Benefits               |  | Spouse Retirement Benefits          |                    |

### Job(s) Prior to Present Employment

| Company | Address | Dates of Employment | Position(s) Held | Full-time or Part-time |
|---------|---------|---------------------|------------------|------------------------|
|         |         |                     |                  |                        |
|         |         |                     |                  |                        |

## Personal Finance Inventory

Use the following tables to inventory all of your personal and/or family's financial accounts. Not only will this information be valuable to anyone entrusted with your financial affairs, but it will also provide you with a comprehensive view of all of your assets and financial commitments for future planning.



### Checking

| Bank/S&L or Credit Union | Location Address | Account Number | Joint Owner |
|--------------------------|------------------|----------------|-------------|
|                          |                  |                |             |
|                          |                  |                |             |
|                          |                  |                |             |

**Indicate the location of bank statements and checkbook(s). Any Direct Deposit or Automatic payment (i.e. utilities) information should be outlined, as well. Consider a separate allotment/distribution for your use while deployed to avoid lapses in cash access. If access to these accounts by anyone other than the account holder(s) is required, a special power of attorney may be needed.**

### Savings

| Bank/S&L or Credit Union | Location Address | Account Number | Joint Owner |
|--------------------------|------------------|----------------|-------------|
|                          |                  |                |             |
|                          |                  |                |             |
|                          |                  |                |             |

### Personal/Collateral Loans (Non-Auto or Mortgage-for these use later tables)

| Bank | Account # | Collateral | Co-Signer | Payment Amount |
|------|-----------|------------|-----------|----------------|
|      |           |            |           |                |
|      |           |            |           |                |

### Credit / Bank Card Accounts

| Bank/S&L or Credit Union | Location | Account Number | Joint Owner |
|--------------------------|----------|----------------|-------------|
|                          |          |                |             |
|                          |          |                |             |
|                          |          |                |             |

**You may choose to keep a credit card account open for use while deployed. Consider making arrangements to suspend action on unneeded cards until you return. If you choose to leave other card accounts open for use while you are away, ensure the user is aware of the specific credit limits and payment information. Remember that delays between billing and payment are likely (especially if you are overseas), so plan accordingly. Automatic payments may be very useful.**

**Securities/IRA / 401k / Brokerage Information**

| Brokerage | Location | Account Number | Joint Owner/ beneficiary |
|-----------|----------|----------------|--------------------------|
|           |          |                |                          |
|           |          |                |                          |
|           |          |                |                          |
|           |          |                |                          |

**Mutual Funds / IRA's**

| Manager/ Fund Type | Start Date | Approx shares / Value | Purchase Plan/ Allotment Amount | Joint Owner |
|--------------------|------------|-----------------------|---------------------------------|-------------|
|                    |            |                       |                                 |             |
|                    |            |                       |                                 |             |
|                    |            |                       |                                 |             |

**401 Designated Plans for You**

| Employer/ Fund Manager Account | Start Date | Approx shares / Value | Purchase Plan/ Allotment Amount | Broker |
|--------------------------------|------------|-----------------------|---------------------------------|--------|
|                                |            |                       |                                 |        |
|                                |            |                       |                                 |        |

**401 Designated Plans for Your Spouse**

| Employer/ Fund Manager Account | Start Date | Approx shares / Value | Purchase Plan/ Allotment Amount | Broker |
|--------------------------------|------------|-----------------------|---------------------------------|--------|
|                                |            |                       |                                 |        |
|                                |            |                       |                                 |        |

**Equities / Stocks**

| Name | Start Date | Approx shares / Value | Purchase Plan/ Allotment Amount | Broker |
|------|------------|-----------------------|---------------------------------|--------|
|      |            |                       |                                 |        |
|      |            |                       |                                 |        |
|      |            |                       |                                 |        |

**Bonds**

| Stock / Bond Issuer | Acquisition / Maturity Date | Location of Certificates & Records | Name on Acct. | Face Value |
|---------------------|-----------------------------|------------------------------------|---------------|------------|
|                     |                             |                                    |               |            |
|                     |                             |                                    |               |            |

**If you use an Internet Brokerage, consider whether you will allow someone else to access your account and inform the brokerage. In many cases, a specific form will be required. Provide statements or a detailed list of holdings and any orders (stop-loss or sell) pending.**

**Consider automatic allotments or distributions and detail-specific information regarding management of these accounts. Again, a special power of attorney may apply.**

**Personal and Property Insurance**

| Type of Insurance | Company /Agent | Policy Number | Monthly/Quarterly Payments | Payoff and Beneficiary |
|-------------------|----------------|---------------|----------------------------|------------------------|
| Life              |                |               |                            |                        |
| Property          |                |               |                            |                        |
| Accident          |                |               |                            |                        |
| Medical           |                |               |                            |                        |
| Rental            |                |               |                            |                        |
| Other             |                |               |                            |                        |

**If you do not already have it, consider personal property insurance coverage for personal items (bicycle, stereo and clothing) left behind either in storage or in your dwelling.**

**Insurance Held on Yourself**

| Insurer | Type and amount of insurance | Policy Number | Monthly/Quarterly Payments | Beneficiary |
|---------|------------------------------|---------------|----------------------------|-------------|
|         |                              |               |                            |             |
|         |                              |               |                            |             |
|         |                              |               |                            |             |

**Insurance Held on Others**

| Insurer and Insured | Type and amount of insurance | Policy Number | Monthly/Quarterly Payments | Beneficiary |
|---------------------|------------------------------|---------------|----------------------------|-------------|
|                     |                              |               |                            |             |
|                     |                              |               |                            |             |
|                     |                              |               |                            |             |

**Automobile Insurance**

| Auto Covered | Company and Type of insurance | Policy Number | Monthly/Quarterly Payments | Deductible |
|--------------|-------------------------------|---------------|----------------------------|------------|
|              |                               |               |                            |            |
|              |                               |               |                            |            |

**If not already accomplished, consider automatic payment plans or withdrawals for your insurance needs to avoid lapses in coverage. Indicate the location of specific insurance documents (File, safe, glove compartment) for accessibility.**

**Automobile Information**

| Pertinent information  | Automobile 1 | Automobile 2 | Automobile 3 |
|--|--------------|--------------|--------------|
| Make, Model, Year  |              |              |              |
| Registered to  |              |              |              |
| State inspection expires   |              |              |              |
| Insured with   |              |              |              |
| Policy number  |              |              |              |
| Insurance Agent  |              |              |              |
| Agent Telephone Number   |              |              |              |
| Lien holder, if any /<br>Location of Vehicle Title                                     |              |              |              |
| Location of Automobile documents<br>(Maintenance records, bill of sale,<br>warranties) |              |              |              |
| License Plate(state)   |              |              |              |
| State of registration  |              |              |              |
| Expiration of registration   |              |              |              |

**If you do not plan to have someone drive your car(s) provide:**

|  |
|--|
| Auto storage location  |
| Address  |
| Point(s) of contact  |
| Location of keys to car(s)<br>(and storage/garage lock, if applicable) |

**\*NOTE: Research the best method to store your car (i.e. disconnect battery, drain oil or fuel tank). Save money on insurance by informing your insurer that the car is in storage**

If someone will be operating your car(s) it is a good idea to outline:

- a. Any present mechanical difficulties that may need attention
- b. The name of a trusted mechanic or automotive dealership/garage where car is serviced.
- c. When the requirement for new battery, tires, oil, etc. is forecast

In either case, it is a good idea to inventory the condition of the car(s) before you leave, to include overall condition and mileage. Any photos you can retain of the vehicle may be useful in the event you need to make an insurance claim.

**Household Utilities**

| Utility                  | Company | Account number | Address | Telephone |
|--------------------------|---------|----------------|---------|-----------|
| Electrical               |         |                |         |           |
| Gas                      |         |                |         |           |
| Water / Waste Disposal   |         |                |         |           |
| Telephone / Mobile phone |         |                |         |           |
| Cable / Internet         |         |                |         |           |

Consider automatic payment of utilities to forestall any lapses. Ensure your trustee has access to your dwelling so that any service calls or repairs may be made. If you desire to disconnect service, relate to the utility company any plans to re-continue service at a later time.

**Rented Property**

| Type of Property | Property Address | Property manager / landlord | Lease expiration |
|------------------|------------------|-----------------------------|------------------|
|                  |                  |                             |                  |
|                  |                  |                             |                  |

**Note: Your rent could be increased with little or no notice if you do not have a lease.**

**Rented Storage Locker / Property**

| Agency / Company | Address | Agent / manager | Lease expires | Payment Info |
|------------------|---------|-----------------|---------------|--------------|
|                  |         |                 |               |              |
|                  |         |                 |               |              |

**Owned Home Property**

| Type of Property | Property Address | Mortgage Company | Location of Pertaining Legal Documents |
|------------------|------------------|------------------|--|
|                  |                  |                  |  |
|                  |                  |                  |  |

**Notes**

- Before you deploy, give your home a security check inside and out to include testing (or installing) smoke alarms, and checking door and window locks, as well as outdoor lights or motion detectors (if you have them). Note any repairs or seasonal preparations that need to be made while you are away.
- Outline what to do or who to call if something in your home breaks down. Plumbers, roofers, or repair contractors can be very costly if chosen randomly.  
Note: If you have an adjustable mortgage rate, your house payments may change with little notice. Consider a fixed-rate loan to prevent any sudden increases in mortgage payments.

**Owned Property Taxes**

| Property Address | Taxes Paid to | Taxes Paid Through (Date) | Paid separately or through Mortgage Impound account? |
|------------------|---------------|---------------------------|--|
|                  |               |                           |  |
|                  |               |                           |  |

A tax history folio for each property, to include all past tax statements is very helpful. If you anticipate any taxes due while you are deployed, consider paying in advance if there is no automatic payment mechanism.

**Owned Rental Property (If you are a landlord)**

| Type of Property | Property Address | Mortgage Company | Location of Pertaining Legal Documents |
|------------------|------------------|------------------|--|
|                  |                  |                  |  |
|                  |                  |                  |  |

**Property Manager Information (If Applicable)**

| Manager | Agency Address | Agent/ Contact Information | Special Instructions |
|---------|----------------|----------------------------|----------------------|
|         |                |                            |                      |
|         |                |                            |                      |

**Owned Rental Property Taxes**

| Property Address | Taxes Paid to | Taxes Paid Through (Date) | Paid separately or through Mortgage Impound account? |
|------------------|---------------|---------------------------|--|
|                  |               |                           |  |
|                  |               |                           |  |

If you anticipate any taxes due while you are deployed, consider paying in advance if there is no automatic payment mechanism or make arrangements through your property manager.

**Rental Property Maintenance & Repair Contractors**

| Item                       | Contractor | Address | Telephone Number | Comments |
|----------------------------|------------|---------|------------------|----------|
| Lawn/ Tree Care            |            |         |                  |          |
| Heating & Air Conditioning |            |         |                  |          |
| Plumbing                   |            |         |                  |          |
| Electrical                 |            |         |                  |          |

**Notes**

- Before you deploy, give your home a security check inside and out. This should include testing (or installing) smoke alarms, and checking door and window locks, as well as outdoor lights or motion detectors (if you have them). Note any repairs or seasonal preparations that need to be made while you are away.
- Outline what to do or who to call if something in your home breaks down. Plumbers, roofers, or repair contractors can be very costly if chosen randomly.

**Safe Deposit Box(es)**

| Box Number | Location of Box | Location of Keys | Persons authorized to access Box(es) |
|------------|-----------------|------------------|--------------------------------------|
|            |                 |                  |                                      |
|            |                 |                  |                                      |

If a Power of attorney has been executed for your deposit box, state location and any specific limitations of the document and provide a brief list of the box contents

**Personal Safe(s)**

| Description | Location | Combination / Location of Keys | Contents |
|-------------|----------|--------------------------------|----------|
|             |          |                                |          |
|             |          |                                |          |

**Personal Property or Documents Entrusted to the Following Persons\***

| Description of property | Person entrusted | Address | Item location |
|-------------------------|------------------|---------|---------------|
|                         |                  |         |               |
|                         |                  |         |               |
|                         |                  |         |               |
|                         |                  |         |               |

\*This may apply to items such as art or furniture and appliances. Listing them will help in their recovery if you are unable to do so.