



What My Family Should Know

Name:

Last Updated:

My Information Sheet

Name: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

Phone Number: _____ Email Address: _____

U.S. Citizen ☐ Yes ☐ No Naturalized ☐ Yes ☐ No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Seperated ☐ Widowed

Date of Marriage: _____ Place of Marriage: _____

Former Spouse

Name (First-Middle-Maiden): _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Divorce: _____ Place of Divorce: _____

Still Alive ? ☐ Yes ☐ No Date if Marriage Ended in Death: _____

Military Service

Branch of Service: _____ Date of Inlistment: _____

Place of Inlistment: _____ Retirement Date: _____

Last Unit: _____ Location: _____

Date of Death: _____ Place of Death: _____

Cause of Death: _____

Date of Funeral/Cremation: _____ Location: _____

Fathers Name: _____ Still Alive ? ☐ Yes ☐ No

Date of Birth: _____ Place of Birth: _____

Mothers Name: _____ Still Alive ? ☐ Yes ☐ No

Date of Birth: _____ Place of Birth: _____

My Spouse's Information Sheet

Name: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

Phone Number: _____ Email Address: _____

U.S. Citizen ☐ Yes ☐ No Naturalized ☐ Yes ☐ No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Seperated ☐ Widowed

Date of Marriage: _____ Place of Marriage: _____

Former Spouse

Name (First-Middle-Maiden): _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Divorce: _____ Place of Divorce: _____

Still Alive ? ☐ Yes ☐ No Date if Marriage Ended in Death: _____

Military Service

Branch of Service: _____ Date of Inlistment: _____

Place of Inlistment: _____ Retirement Date: _____

Last Unit: _____ Location: _____

Date of Death: _____ Place of Death: _____

Cause of Death: _____

Date of Funeral/Cremation: _____ Location: _____

Fathers Name: _____ Still Alive ? ☐ Yes ☐ No

Date of Birth: _____ Place of Birth: _____

Mothers Name: _____ Still Alive ? ☐ Yes ☐ No

Date of Birth: _____ Place of Birth: _____

Our Children's Information Sheet

Name: _____ SSN: _____ Status: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Current Address: _____

Phone Numbers: _____ Email Address: _____

U.S. Citizen ☐ Yes ☐ No Naturalized ☐ Yes ☐ No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Name: _____ SSN: _____ Status: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Current Address: _____

Phone Numbers: _____ Email Address: _____

U.S. Citizen ☐ Yes ☐ No Naturalized ☐ Yes ☐ No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Name: _____ SSN: _____ Status: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Current Address: _____

Phone Numbers: _____ Email Address: _____

U.S. Citizen ☐ Yes ☐ No Naturalized ☐ Yes ☐ No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Name: _____ SSN: _____ Status: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Current Address: _____

Phone Numbers: _____ Email Address: _____

U.S. Citizen ☐ Yes ☐ No Naturalized ☐ Yes ☐ No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

· Documents List ·

☐ DD-214s

แบบฟอร์ม DD-214s

☐ U.S. Military ID Card

บัตรประจำตัวข้าราชการทหารอเมริกัน

☐ U.S. Naturalization Certificate

ใบรับรองสัญชาติอเมริกัน

☐ U.S. Green Card

เอกสารอนุญาตให้อาศัยในสหรัฐอเมริกา

☐ U.S. Social Security Card

บัตรประกันสังคมอเมริกัน

☐ Thai ID Card

บัตรประจำตัวประชาชน

☐ Thai Passport (+ U.S. Passport)

หนังสือเดินทางของประเทศไทยและสหรัฐอเมริกา

☐ Marriage Certificate (+ English)

ใบทะเบียนสมรส(ภาษาอังกฤษ)

☐ Divorce Certificate (+ English) (Both)

กรณีหย่ามาทั้งทะเบียนสมรสและใบหย่า(ภาษาอังกฤษ)

☐ Birth Certificate - Wife (+ English)

ใบเกิดของภรรยา(ภาษาอังกฤษ)

☐ Birth Certificate - Children (+ English)

ใบเกิดของบุตร(ภาษาอังกฤษ)

☐ Adoption Papers

เอกสารการบริจาคให้แก่มูลนิธิต่างๆ

☐ Insurance Documents

เอกสารประกันภัย

☐ Bank Statements / Documents

รายการเงินฝากถอนในบัญชีเงินฝาก

☐ Stocks & Bonds Statements

ใบหุ้นทุนหุ้นกู้หรือพันธบัตร

☐ Retiree Account Statement

รายการเงินฝากถอนในบัญชีเกษียณอายุ

☐ Veterans Affairs (VA) Documents

เอกสารทหารผ่านศึก

☐ Wills / Powers of Attorney

พินัยกรรม/หนังสือมอบอำนาจ

☐ Income Tax Records

เอกสารบันทึกการเสียภาษีเงินได้

☐ Safe Deposit Box

ตู้รับรักษาของธนาคาร

☐ Copies of Deeds / Mortgages

เอกสารโฉนดหรือเอกสารจำนองอสังหาริมทรัพย์

☐ Outstanding Debts

หนี้คงค้างที่ยังต้องชำระ

☐ Association Membership(s)

เป็นสมาชิกของสมาคม

Miscellaneous Information:

Make at least 8 copies of Death Certificate with translation

Make necessary changes to your DEERS Program, Tricare, etc.

Change Social Security & Military retirement payments

Check with VA for entitlements (Grave Marker, Payments, Presidential Memorial Certificate)

Check with VFW about Memorial Service & Casket Flag

Survivor should update appropriate will

Contact Bank(s) as appropriate

Extra Credit/ATM Cards should be destroyed or canceled

Appropriate changes should be made to all joint ownerships

Contact Insurance companies as appropriate

Turn in Military and Dependent ID Card's (Where and when required)

* MAKE EVERY EFFORT TO RETAIN "ORIGINAL" DOCUMENTS
PROVIDE CERTIFIED COPIES WHENEVER POSSIBLE

Bank and Finance Information

Bank #1

Address

Phone No's

Fax

Web Site

Routing No./Swift Code:

Account No.

Owner:

Type of Account:

Account No.

Owner:

Type of Account:

Bank Card:

Card No.

Pin No.

Bank Card:

Card No.

Pin No.

Remarks:

Bank #2

Address

Phone No's

Fax

Web Site

Routing No./Swift Code:

Account No.

Owner:

Type of Account:

Account No.

Owner:

Type of Account:

Bank Card:

Card No.

Pin No.

Bank Card:

Card No.

Pin No.

Remarks:

Bank #3

Address

Phone No's

Fax

Web Site

Routing No./Swift Code:

Account No.

Owner:

Type of Account:

Account No.

Owner:

Type of Account:

Bank Card:

Card No.

Pin No.

Bank Card:

Card No.

Pin No.

Remarks:

Bank and Finance Information

Bank #4

Address

Phone No's

Fax

Web Site

Routing No./Swift Code:

Account No.

Owner:

Type of Account:

Account No.

Owner:

Type of Account:

Bank Card:

Card No.

Pin No.

Bank Card:

Card No.

Pin No.

Remarks:

Bank #5

Address

Phone No's

Fax

Web Site

Routing No./Swift Code:

Account No.

Owner:

Type of Account:

Account No.

Owner:

Type of Account:

Bank Card:

Card No.

Pin No.

Bank Card:

Card No.

Pin No.

Remarks:

Employer

Address

Phone No's

Fax

Gross Pay:

Net Pay:

Taxable Income:

Other Sources of Income: (Rental Income, Insurance Premiums, Pension, etc.)

Source:

Amount:

Source:

Amount:

Source:

Amount:

Listing of Outstanding Debts

Creditor:	Amount:
Creditor:	Amount:
Creditor:	Amount:
Creditor:	Amount:
Creditor:	Amount:
Creditor:	Amount:

Military Pay Information

Gross Pay: Net Pay: Taxable Income:

Deductions:

Survivors Benefits Costs

Federal Income Tax

State Income Tax

Allotments

Insurance Premiums

Total Deductions:

Military Survivors Befefits Plan (SBP)

Election:

Annuity Base Amount:

Annuity Amount:

Social Security (When Applicable)

Social Security Claim Number:

Month Filed

Type of Benefit(s):

Beginning Date:

Amount of Benefits:

HA Benefits

VA File Number: _____

VA Rating: _____ % **Effective Date:** _____

Dependent Educational Assistance: ☐ YES ☐ NO

Monthly Entitlements: \$ _____ **Effective Date:** _____

Breakdown of Compensation:

[illegible]

My Final Wishes

Name: _____ Religious Affiliation: _____

I Prefer: _____ Choice of Cemetery: _____

If Cremated Ashes to be: _____

Musical Selection: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Special Requests: _____

Organ Donation

- ☐ I DO NOT want any of my organs donated
- ☐ I would like to donate ANY organs needed for transplant
- ☐ I would like to donate my body for research
- ☐ I would like to donate the following organs for transplant/research:

List Organs: _____

Request an Obituary ☐ Yes ☐ No

Included the Following: _____

My Spouse's Final Wishes

Name: _____ Religious Affiliation: _____

I Prefer: _____ Choice of Cemetery: _____

If Cremated Ashes to be: _____

Musical Selection: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Special Requests: _____

Organ Donation

- ☐ I DO NOT want any of my organs donated
- ☐ I would like to donate ANY organs needed for transplant
- ☐ I would like to donate my body for research
- ☐ I would like to donate the following organs for transplant/research:

List Organs: _____

Request an Obituary ☐ Yes ☐ No

Included the Following: _____

Family Contacts

Name 1:			Relationship:		
Address:					
Hm Phone		Wk Phone		Email:	
Name 2:			Relationship:		
Address:					
Hm Phone		Wk Phone		Email:	
Name 3:			Relationship:		
Address:					
Hm Phone		Wk Phone		Email:	
Name 4:			Relationship:		
Address:					
Hm Phone		Wk Phone		Email:	
Name 5:			Relationship:		
Address:					
Hm Phone		Wk Phone		Email:	
Name 6:			Relationship:		
Address:					
Hm Phone		Wk Phone		Email:	
Name 7:			Relationship:		
Address:					
Hm Phone		Wk Phone		Email:	
Name 8:			Relationship:		
Address:					
Hm Phone		Wk Phone		Email:	

Professional Contacts

Doctor: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Clergy: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Attorney: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Broker: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Accountant: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Insurance: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Policy No. _____ Cert. No. _____ Contact: _____

Remarks: _____

Insurance: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Policy No. _____ Cert. No. _____ Contact: _____

Remarks: _____