

PERSONAL INFORMATION RECORD



Compliments of the University of Waterloo. This form is intended as a guideline to assist with the documentation of your personal records. Whether it's maintained for personal convenience, emergencies, family, or an executor, it has been formatted so it can be customized and tailored to your individual needs. (Click to sections and tab through each)

Last Updated:	
Legal Name:	

In Case of Emergency – Contact these Individuals:

Name:		Relationship:			
Address:					
Home Phone:		Cell:		Business:	

Name:		Relationship:			
Address:					
Home Phone:		Cell:		Business:	

Name:		Relationship:			
Address:					
Home Phone:		Cell:		Business:	

Other Personal Information:

Date and Place of Birth:			
Location of Certificate:			
Social Insurance (or Security) #:			
Location of Card:			
Date Married:		Location of Certificate:	
Date Divorced:		Location of Document:	

Children's Names and Location of Birth Certificates or other Documents (if applicable):

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Grandchildren's Names, Dates of Birth, and Parents Names:

Computer Passwords or Location of Information (e.g. USB flash drive):

Other Passwords, Combinations or Location of Information:

Will:

<input type="checkbox"/> YES, I have a will	<input type="checkbox"/> NO, I do not have a will
Date of my will:	Location of will:

Name of my Executor:	
Contact Information:	

Name of my Lawyer:	
Contact Information:	

Name of Power of Attorney For Property:	
Location & Contact Info:	

Name of Power of Attorney For Personal Care:	
Location & Contact Info:	

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Funeral Arrangements/Preferences:

Financial Information:

Name of Financial Institution:	
Account Number:	
Joint Owner:	

Name of Financial Institution:	
Account Number:	
Joint Owner:	

Real Estate:

Property Address:		Estimated Value:	\$
Mortgage Holder:		Estimated Balance:	\$
Joint Owner:			
Mortgage Insurance:	<input type="checkbox"/> Life	<input type="checkbox"/> Joint	<input type="checkbox"/> Disability <input type="checkbox"/> Joint

Property Address:		Estimated Value:	\$
Mortgage Holder:		Estimated Balance:	\$
Joint Owner:			
Mortgage Insurance:	<input type="checkbox"/> Life	<input type="checkbox"/> Joint	<input type="checkbox"/> Disability <input type="checkbox"/> Joint

Personal Loans and Credit Lines:

Name of Financial Institution:			
Address:		Estimated Balance:	\$
Joint Owner:			
Insurance:	<input type="checkbox"/> Life	<input type="checkbox"/> Joint	<input type="checkbox"/> Disability <input type="checkbox"/> Joint

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Name of Financial Institution:				
Address:				
Joint Owner:				
Insurance:	<input type="checkbox"/> Life	<input type="checkbox"/> Joint	<input type="checkbox"/> Disability	<input type="checkbox"/> Joint

Safety Deposit Box:

Location:			
Box Number & Location of Key:			

Credit Cards:

Company:		Card #:	
Company:		Card #:	
Company:		Card #:	
Company:		Card #:	

Registered Retirement Savings or Life Income Funds:

Name of Financial Institution:			
Account #:		Estimated Value:	\$
Beneficiary:			

Name of Financial Institution:			
Account #:		Estimated Value:	\$
Beneficiary:			

Registered Education Savings Funds:

Name of Financial Institution:			
Account #:		Estimated Value:	\$
Beneficiary:			

Name of Financial Institution:			
Account #:		Estimated Value:	\$
Beneficiary:			

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Life Insurance Policies or Annuities:

Name of Financial Institution:			
Account #:		Estimated Value:	\$
Beneficiary:			

Name of Financial Institution:			
Account #:		Estimated Value:	\$
Beneficiary:			

Employer Pensions:

Name of Company:			
Account #:		Estimated Value:	\$
Beneficiary:			

Name of Company:			
Account #:		Estimated Value:	\$
Beneficiary:			

Other Investments (Securities):

Name of Financial Institution:			
Contact Information or Broker:			
Account #:		Estimated Value:	\$
Beneficiary:			

Name of Financial Institution:			
Contact Information or Broker:			
Account #:		Estimated Value:	\$
Beneficiary:			

Personal Property:

Other Real Estate:			
Address:		Estimated Value:	\$

Vehicles:		Estimated Value:	\$
Trailer:		Estimated Value:	\$
Household Items:		Estimated Value:	\$

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Artwork:		Estimated Value:	\$
Jewelry:		Estimated Value:	\$
Other Valuables:		Estimated Value:	\$
		Estimated Value:	\$
		Estimated Value:	\$
		Estimated Value:	\$

Other Contacts:

Employer:	
Contact Information:	

Accountant:	
Contact Information:	

Financial Planner/Other:	
Contact Information:	

Other Notes:

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Information Links:

Canada Revenue Agency – What to do following a death:

<http://www.cra-arc.gc.ca/tx/ndvdl/lf-vnts/dth/menu-eng.html>

<http://www.cra-arc.gc.ca/E/pub/tg/rc4111/README.html>

Estate Administration Tax Fairness Act:

<http://www.fin.gov.on.ca/en/tax/eat/index.html>

http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&Intranet=&BillID=3439

Power of Attorney:

<http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poa.php>