

READ THIS FIRST

INSTRUCTIONS

1. Read information below
2. Print all documents
3. Gather other items on "documents"
4. Fill out all forms
5. Put binder together
6. Hide/Protect Binder well

FINGERPRINTS/DNA

If you take your own fingerprints at home, make sure you do not "roll" your fingers when pressing them on the paper. This can cause the ridges to distort. And don't use too much ink - practice on a piece of paper first.

If you are more comfortable, another option is to get a fingerprint card taken at any local police station/sheriff's office. It is often free but sometimes they charge a small fee.

FAMILY PICTURES

Suggest keeping a past and recent family picture in your Simply Prepared Binder.

If you were to lose a child (during a natural disaster or otherwise) and then find them, you may have to prove that they belong to you. This would be especially true if the child is incoherent or unable to recognize you. Having an older and more recent photo is one very quick way to prove that this child does and has belonged to you for some time.

ID FORMS

Suggest putting all personal documents (ID, Birth certificate, etc.) in a document protector behind the corresponding ID form.

You may also consider printing two and keeping one copy with you at all times (or at least when out in busy public places). They contain important information authorities would need to start looking for a missing person.

CONCERNS ABOUT SECURITY

Having all information in one place creates a risk, but there is a risk no matter what - the biggest risk is to not have a folder at all.

Disguise your binder as a "Children's Artwork" binder. I've provided a printable "Artwork" cover for you in this package. Use this as the cover and then put all your documents between two pieces of children's artwork.

Create a "code" system for your financial information, e.g., use a 10 letter phrase such as "LIGHT BREAD" for number L=0, I=1, G=2, H=3, etc.). You can find other "code" ideas online.

DOCUMENTS CHECKLIST

personal documents behind the ID Kit (in a document protector) of the family members that they apply to. Create a section for everything else and store it there.

Personal Documents

- Birth Certificates
- Driver's License
- Military Records
- Social Security Cards
- Passports
- Immunization Records
- Religious Certificates/Blessings
- Diplomas

Testamentary Documents

- Will
- Trust and Amendments
- Contact info for everyone named in will/trust
- Living Will
- Power of Attorney

Legal Documents

- Marriage Certificates
- Divorce Records
- Prenuptial/Postnuptial
- Other Contracts
- Child Custody Agreements
- Utility Bill as Proof of Residency
- Adoption Papers

Personal Documents

- Deeds
- Titles
- Appraisals
- Home Inventory List/Picture CD

Insurance

- Policy Summary Pages
- ID Cards
- Vehicle Registration Cards

Tax/Investments

- Policy Summary Pages
- Property Tax Statements
- Investment Plan Summaries
- Stock Certificates
- Bonds
- Certificates of Deposit

Other

- Recent and older Family Photos
- Cash
- Maps of Area

EMERGENCY CONTACT INFORMATION

NAME	PHONE #	PHYSICAL ADDRESS/E-MAIL ADDRESS
Relationship: FIRST CONTACT: Relationship:		
OTHER CONTACT: Relationship:OTHER CONTACT: Relationship:		
OTHER CONTACT: Relationship:OTHER CONTACT: Relationship:		
OTHER CONTACT: Relationship:OTHER CONTACT: Relationship:		
OTHER CONTACT: Relationship:OTHER CONTACT: Relationship:		
OTHER CONTACT: Relationship:OTHER CONTACT: Relationship:		
OTHER CONTACT: Relationship:OTHER CONTACT: Relationship:		
WORK CONTACT:		
NEIGHBOR:		
DOCTOR:		Non-Emergency:Emergency: Non-Emergency:
POLICE:		Non-Emergency:Emergency: Non-Emergency:
FIRE DEPARTMENT:		Emergency: Non-Emergency:Emergency: Non-Emergency:
AMBULANCE:		Emergency: Non-Emergency:Emergency: Non-Emergency:
GAS COMPANY:		Emergency: Non-Emergency:Emergency: Non-Emergency:
ELECTRIC COMPANY:		Emergency: Non-Emergency:Emergency: Non-Emergency:
WATER COMPANY:		Emergency: Non-Emergency:
POISON CONTROL:		

MEDICAL INFORMATION

PATIENT INFORMATION		
Name:	Date of Birth:	Social Security Number:
		Home Phone #: _____ Cell Phone #: _____
Name:	Date of Birth:	Social Security Number:
		Home Phone #: _____ Cell Phone #: _____
Name:	Date of Birth:	Social Security Number:
		Home Phone #: _____ Cell Phone #: _____
Name:	Date of Birth:	Social Security Number:
		Home Phone #: _____ Cell Phone #: _____
Name:	Date of Birth:	Social Security Number:
		Home Phone #: _____ Cell Phone #: _____
Name:	Date of Birth:	Social Security Number:
		Home Phone #: _____ Cell Phone #: _____
Name:	Date of Birth:	Social Security Number:
		Home Phone #: _____ Cell Phone #: _____
DOCTOR:	PHONE NUMBER:	ADDRESS:
DENTIST:	PHONE NUMBER:	ADDRESS:
PHARMACY:	PHONE NUMBER:	ADDRESS:

NAME:	MEDICAL CONDITIONS/ALLERGIES:
NAME:	MEDICATION/DOSAGE/FREQUENCY
NAME:	PREVIOUS SURGERIES/DATE OF SURGERY

INSURANCE CONTACT INFORMATION

COMPANY INFORMATION	PHONE NUMBER:	POLICY NUMBER:
Health Insurance: Agent:		
Health Insurance: Agent:		
Dental Insurance: Agent:		
Eye Insurance: Agent:		
Life Insurance: Agent:		
Life Insurance: Agent:		
Life Insurance: Agent:		
Auto Insurance: Agent:		
Auto Insurance: Agent:		
Auto Insurance: Agent:		
Long Term Care Insurance: Agent:		
Home Insurance: Agent:		
Rental Home/Property Insurance: Agent:		
Medicare Insurance A: Point of Contact:		
Medicare Insurance B: Point of Contact:		
Medicare Insurance C: Point of Contact:		
Medicare Insurance D: Point of Contact:		

