

Family Information Form

Much of this information will be helpful in the days following a death. If you and your family are able to complete this form before the death occurs, it will save you time and alleviate some stress during that difficult time. If completing the form beforehand is not possible, it will still serve as a guide, providing you with some of the most important questions to ask following the death of a loved one.

First Name: _____

Middle Name: _____

Last Name: _____

Hebrew Name: _____

Tribe, Kohen/Levi/Yisrael (*if applicable*): _____

Father's English Name: _____

Father's Hebrew Name: _____

Mother's English Name: _____

Mother's Hebrew Name: _____

Mother's Maiden Name: _____

Date of Birth: _____

Location of Birth: _____

Location of Birth Certificate: _____

Social Security Number and Location of Card: _____

Military Service and Location of Discharge Papers (*if applicable*): _____

Health Insurance Company and Policy #: _____

Life Insurance Company and Policy #: _____

Any Other Insurance (disability, accident etc.): _____

Attorney Name and Telephone Number: _____

Location of Will: _____

Location of Safety Deposit Box and Keys: _____

Location of Advance Directives: _____

Location of Ethical Will: _____

Location of Cemetery Plot and Deed: _____

Are there real estate documents and what is their location? _____

Bank Accounts (locations and account #s): _____

Any specific funeral preferences? _____

Notes: