

# Senior Series

The Ohio  
Department of  
Aging



For more information, visit the Ohio Department of Aging web site at: <http://www.state.oh.us/age/>  
and Ohio State University Extension's "Aging in Ohio" web site at: <http://www.ag.ohio-state.edu/~seniors/>

SS-169-99-R02

## Personal Profile

**T**his document is intended for use by your family or friends should you become incapacitated, declared incompetent, or die. Because it contains some confidential financial information, **you should use great care when deciding where to keep it or whom to give it to for safekeeping.** Further, because it contains some information that would be needed immediately after your death, **it is suggested that you *not* place this document in a safe-deposit box.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Password to Computer Files (if any):** \_\_\_\_\_  
\_\_\_\_\_

**Post Office Box Number:** \_\_\_\_\_

**Employment:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Marital Status:**  Single  
 Married  Widowed  
 Divorced  Other: \_\_\_\_\_

**Religious Preference:**  
\_\_\_\_\_

**Person to Call in Case of Emergency:**  
\_\_\_\_\_

Relationship: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Personal Relationship Information

**Spouse/Significant Other:**  
\_\_\_\_\_

Address and Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children/Stepchildren: (Names, Addresses, and Phone Numbers)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grandchildren: (Names, Addresses, and Phone Numbers)**

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**Siblings: (Names, Addresses, and Phone Numbers)**

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**Next of Kin:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

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**Pets**

Type, Name: \_\_\_\_\_

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Pet Care: (Who is designated to provide care?)

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Special Directions:

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**Professional Relationship Information**

**Accountant:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

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**Attorney:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

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**Banker:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

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**Clergy:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

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**Dentist:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

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**Doctor:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Doctor:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Doctor:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Doctor:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Eye Doctor:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Employer:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Executor of Will:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Financial Planner:** \_\_\_\_\_

Company: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Funeral Director:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Insurance Agent:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Legal Guardian (Yours):** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Person with Power of Attorney:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Person with Durable Power of Attorney:**

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Tax Preparer:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Professional Addresses

**Bank:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bank:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Church/Synagogue/Place of Worship:**

\_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Funeral Home:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hospital:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Insurance Agency:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Document Information

### **Adoption Papers**

Document Location: \_\_\_\_\_

### **Advance Directives**

Document Location: \_\_\_\_\_

### **Baptismal Certificate**

Document Location: \_\_\_\_\_

### **Birth Certificate and/or Bible Documenting Birth**

Document Location: \_\_\_\_\_

### **Children's/Stepchildren's Birth Certificates**

Document Location: \_\_\_\_\_

### **Citizenship Papers**

Document Location: \_\_\_\_\_

### **Death Certificate (Spouse)**

Document Location: \_\_\_\_\_

### **Deed—Cemetery Plot**

Document Location: \_\_\_\_\_

### **Deed(s)—Property**

Document Location: \_\_\_\_\_

**Deed(s)—Other:** \_\_\_\_\_

Document Location: \_\_\_\_\_

### **Divorce Papers**

Document Location: \_\_\_\_\_

### **Driver's License**

Document Location: \_\_\_\_\_

### **Honorable Discharge Certificate**

Document Location: \_\_\_\_\_

### **Income Tax Records**

Document Location: \_\_\_\_\_

### **Insurance—Accident**

Document Location: \_\_\_\_\_

### **Insurance—Car**

Document Location: \_\_\_\_\_

### **Insurance—Credit Card**

Document Location: \_\_\_\_\_

### **Insurance—Health**

Document Location: \_\_\_\_\_

**Insurance—Medicare**

Document Location: \_\_\_\_\_

**Insurance—Medicaid**

Document Location: \_\_\_\_\_

**Insurance—House**

Document Location: \_\_\_\_\_

**Insurance—Life**

Document Location: \_\_\_\_\_

**Insurance—Long Term Care**

Document Location: \_\_\_\_\_

**Insurance—Mortgage or Loan**

Document Location: \_\_\_\_\_

**Insurance—Other:** \_\_\_\_\_

Document Location: \_\_\_\_\_

**Living Will**

Document Location: \_\_\_\_\_

**Marriage Certificate**

Document Location: \_\_\_\_\_

**Medical Alert Card/ID**

Document Location: \_\_\_\_\_

**Organ Donor (Anatomical Gift) Card**

Document Location: \_\_\_\_\_

**Passport**

Document Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Document Location: \_\_\_\_\_

**Pre-Nuptial Agreement**

Document Location: \_\_\_\_\_

**Real Estate Transfer Certificate**

Document Location: \_\_\_\_\_

**Social Security Card**

Document Location: \_\_\_\_\_

**Titles**

Car

Document Location: \_\_\_\_\_

Boat

Document Location: \_\_\_\_\_

House

Document Location: \_\_\_\_\_

Other: \_\_\_\_\_

Document Location: \_\_\_\_\_

**Vehicle Registrations**

Car

Document Location: \_\_\_\_\_

Boat

Document Location: \_\_\_\_\_

Other: \_\_\_\_\_

Document Location: \_\_\_\_\_

**Will**

Document Location: \_\_\_\_\_

**Financial Information**

**Annuities**

Account Management Company: \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

**Bank:** \_\_\_\_\_

Checking Account

Account Number: \_\_\_\_\_

Savings Account

Account Number: \_\_\_\_\_

Safety Deposit Box

Other: \_\_\_\_\_

**Bank:** \_\_\_\_\_

Checking Account

Account Number: \_\_\_\_\_

Savings Account

Account Number: \_\_\_\_\_

- Safety Deposit Box
- Other: \_\_\_\_\_

**Certificates of Deposit (CD's)**

Bank: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Maturity Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Credit Cards**

- American Express Card  
Card Number: \_\_\_\_\_
- Discover Card  
Card Number: \_\_\_\_\_
- Gasoline  
Company: \_\_\_\_\_  
Card Number: \_\_\_\_\_
- Master Card  
Bank: \_\_\_\_\_  
Card Number: \_\_\_\_\_
- Master Card  
Bank: \_\_\_\_\_  
Card Number: \_\_\_\_\_
- Visa  
Bank: \_\_\_\_\_  
Card Number: \_\_\_\_\_
- Visa  
Bank: \_\_\_\_\_  
Card Number: \_\_\_\_\_

**Credit Union**

Address and Phone Number: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Deferred Compensation**

Account Management Company: \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**Federal Reserve Notes**

Bank: \_\_\_\_\_

**401B Account**

Account Management Company: \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**401C Account**

Account Management Company: \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**401K Account**

Account Management Company: \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**IRA Account**

Account Management Company: \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**Joint Ownership Account**

Account Management Company: \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**Keogh Account**

Account Management Company: \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**Loans**

Financial Institution: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Amount of Loan: \_\_\_\_\_  
 Financial Institution: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Amount of Loan: \_\_\_\_\_

**Mortgage (First)**

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Loan: \_\_\_\_\_

**Mortgage (Second)**

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount of Loan: \_\_\_\_\_

**Mutual Funds**

Account Management Company:  
\_\_\_\_\_

Account Number: \_\_\_\_\_

Account Management Company:  
\_\_\_\_\_

Account Number: \_\_\_\_\_

**Pension**

Direct Deposit

Amount: \_\_\_\_\_

Account Management Company:  
\_\_\_\_\_

Account Number: \_\_\_\_\_

**Savings Bonds**

Amount: \_\_\_\_\_

Maturity Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Document Location: \_\_\_\_\_

**Social Security**

Direct Deposit

Amount: \_\_\_\_\_

Document Location: \_\_\_\_\_

**Stock Portfolio**

Account Management Company:  
\_\_\_\_\_

Document Location: \_\_\_\_\_

**Trust Fund (Date Established: \_\_/\_\_/\_\_)**

Beneficiary: \_\_\_\_\_

Trustees: \_\_\_\_\_

Attorney: \_\_\_\_\_

Location of Document: \_\_\_\_\_

**Other Assets**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Choices**

(It is suggested that you share these choices with family/friends if you have not already done so.)

**Body Left to Science**

Call (Institution, Address, and Phone Number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Document Location: \_\_\_\_\_

**Organ Donation**

Organs to be donated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Burial**

Cemetery: \_\_\_\_\_

Plot Number: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Cemetery**

- Marker
- Monument

**Cremation**

- Ashes Buried
- Ashes in Urn Placed: \_\_\_\_\_  
\_\_\_\_\_
- Ashes Scattered: \_\_\_\_\_  
\_\_\_\_\_

**Funeral**

- Church Service
- Funeral Home Service
- Traditional Jewish Religious Custom
- Memorial Service
- Other: \_\_\_\_\_

**Special Directions for Funeral/Memorial**

- Location of Service:  
\_\_\_\_\_
- Identification of Pall Bearers (if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
- Music to Be Played (and by whom):  
\_\_\_\_\_  
\_\_\_\_\_
- Suggested Poetry/Scripture to Be Read:  
\_\_\_\_\_  
\_\_\_\_\_

Identification of Speakers:  
\_\_\_\_\_  
\_\_\_\_\_

Flower Preference: \_\_\_\_\_

Charitable Donations

Charity: \_\_\_\_\_

Charity: \_\_\_\_\_

Food to Be Served at Memorial Service:  
\_\_\_\_\_  
\_\_\_\_\_

Clothing/Jewelry to Be Buried In:  
\_\_\_\_\_  
\_\_\_\_\_

Items to Be Buried/Cremated With:  
\_\_\_\_\_  
\_\_\_\_\_

Photos to Be Displayed at Service:  
\_\_\_\_\_  
\_\_\_\_\_

Other Wishes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Obituary (content—attach to this document)**

Developed by: Judy Hardy, MGS, The Ohio Department of Aging

Revised by: Judy Hardy, MGS, The Ohio Department of Aging and Christine A. Price, Ph.D., OSU Extension

With special thanks to: M.D. Belanger, B.J. Daniell, C.R. Dowling-Fitzpatrick, and S.H. Ferguson

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Keith L. Smith, Associate Vice President for Ag. Adm. and Director, OSU Extension

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