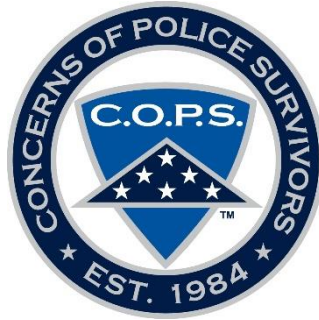


# Personal Information Form

An Aid for Your Family



**Concerns of Police Survivors, Inc.**

**PO Box 3199**

**Camdenton, MO 65020**

**Office: (573) 346-4911**

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**[www.concernsofpolicesurvivors.org](http://www.concernsofpolicesurvivors.org)**

**[cops@nationalcops.org](mailto:cops@nationalcops.org)**

- This is the Personal Information of:
- Social Security Number:
- This form was last updated on:

Personal Information of:

## CONTACT INFORMATION

*In the event of death or serious injury, the CONTACT INFORMATION section of this diary is designed to assist agencies in the notification process. All information completed in this section is intended for the use of agencies. Additional space is provided at the end of this diary. If additional space is used, make reference in your diary of the use of additional space.*

### Personal Information

FULL LEGAL NAME:

HOME ADDRESS:

BADGE #:

SOCIAL SECURITY #:

### Spouse or Significant Other

*In the event of death or serious injury, the following individual should be contacted first.*

MARITAL STATUS:

NAME OF SPOUSE:

*If not married, complete Contact Name and Relationship.*

CONTACT NAME:

RELATIONSHIP:

PHYSICAL ADDRESS:

PHONE NUMBER:

WORK NUMBER:

### Children

*Complete the following section regarding your children. Make sure and indicate where the child resides, whether the child is a minor, and notification procedure. In the event of death or serious injury, clarifying the living arrangement of your child(ren) is important for agencies to make proper notifications. Be specific. Additional space is provided for preferences at the end of diary.*

CHILD:

BIRTHDATE:

CHILD RESIDES WITH:

ADDRESS OF CHILD:

PROVIDE INFORMATION FOR NOTIFICATION PREFERENCES FOR CHILD:

CHILD:

BIRTHDATE:

CHILD RESIDES WITH:

ADDRESS OF CHILD:

PROVIDE INFORMATION FOR NOTIFICATION PREFERENCES FOR CHILD:

CHILD:

BIRTHDATE:

CHILD RESIDES WITH:

ADDRESS OF CHILD:

PROVIDE INFORMATION FOR NOTIFICATION PREFERENCES FOR CHILD:

CHILD:

BIRTHDATE:

CHILD RESIDES WITH:

ADDRESS OF CHILD:

PROVIDE INFORMATION FOR NOTIFICATION PREFERENCES FOR CHILD:

NOTES:

I WOULD LIKE THE FOLLOWING INDIVIDUAL(S) TO MAKE NOTIFICATION TO MY FAMILY:

### Family Contacts

*Complete the following information regarding Family Contacts. Family contacts will be used in the event that your first contact cannot be reached. Be sure to note any health concerns or important information in the event the agency has to notify your family.*

NAME: RELATIONSHIP:  
ADDRESS: PHONE:  
HEALTH CONCERNS/NOTES:

NAME: RELATIONSHIP:  
ADDRESS: PHONE:  
HEALTH CONCERNS/NOTES:

NAME: RELATIONSHIP:  
ADDRESS: PHONE:  
HEALTH CONCERNS/NOTES:

NAME: RELATIONSHIP:  
ADDRESS: PHONE:  
HEALTH CONCERNS/NOTES:

### Important Personal Contacts

*Complete the following information regarding Important Personal Contacts. Use the NOTES section for any relevant information the agency may need to know.*

NAME: RELATIONSHIP:  
ADDRESS: PHONE:  
NOTES:

NAME: RELATIONSHIP:  
ADDRESS: PHONE:  
NOTES:

NAME: RELATIONSHIP:  
ADDRESS: PHONE:  
NOTES:

## Business Contacts

*Complete the following information regarding Business Contacts. Business Contacts are individuals the agency should notify. Use the NOTES section for any relevant information the agency may need to know. Preference for Liaison Officer should be noted in this section in order for agency to assign accordingly.*

NAME:  
ADDRESS:  
NOTES:

RELATIONSHIP:  
PHONE:

NAME:  
ADDRESS:  
NOTES:

RELATIONSHIP:  
PHONE:

NAME:  
ADDRESS:  
NOTES:

RELATIONSHIP:  
PHONE:

NAME:  
ADDRESS:  
NOTES:

RELATIONSHIP:  
PHONE:

## Confidential Contacts

*Complete the following information regarding Confidential Contacts. Confidential Contacts are individuals that others may not be aware of in order to notify. Use the NOTES section for any relevant information the agency may need to be aware of prior to notifying.*

NAME:  
ADDRESS:  
NOTES:

RELATIONSHIP:  
PHONE:

NAME:  
ADDRESS:  
NOTES:

RELATIONSHIP:  
PHONE:

NAME:  
ADDRESS:  
NOTES:

RELATIONSHIP:  
PHONE:

## Excluded Contacts

*Complete the following information regarding Excluded Contacts. Excluded Contacts are individuals that you prefer NOT to have any part in the notification process. Use the NOTES section for any relevant information the agency may need to be aware of in order to properly notify. Note any individuals you prefer NOT to be appointed as Liaison Officer.*

NAME:

ADDRESS:

NOTES:

RELATIONSHIP:

PHONE:

NAME:

ADDRESS:

NOTES:

RELATIONSHIP:

PHONE:

NAME:

ADDRESS:

NOTES:

RELATIONSHIP:

PHONE:

**NOTE ANY SPECIAL CIRCUMSTANCES OR IMPORTANT INFORMATION FOR THE AGENCY:**

# PERSONAL INFORMATION FORM

*This section of your Personal Information Form is intended to assist family with your personal and financial affairs. The sections in your Personal Information Form will be provided to your primary contact and/or family in the event of your death or serious injury.*

## Personal Documents/Locations

*Complete the following information regarding your personal documents. Include the location to obtain your personal documents. The information provided in this section will allow the family to obtain your personal documents. Note any relevant information pertaining to your personal documents in this section. If needed, additional space is provided at end of diary.*

My Birthdate:

I was born in the County of: State of:

My Birth Certificate location:

Child(ren) Birth Certificate location:

I was married on: to:

I was married in the County of: State of:

Children from this marriage:

Marriage certificate(s) location:

I was divorced on: from:

I was divorced in the County of: State of:

Divorce decree(s) location:

PSOB Designee Form Filed: *(PSOB forms must be filed with agency.)*

Copies of tax return, tax withholding forms, receipts, etc., Location:

Trust Fund: Date Established:

Trustees Names: Location of Papers:

Attorney:

Additional Information related to your personal documents or location:

## Personal Debtors/Creditors

The following owe me money:

Exclusive of secured loans, I owe the following:

The following loans are covered by borrower's life insurance:

Copies of notes, loan agreements, and receipts are located:

I am involved in the following law suit(s); as either the plaintiff or defendant?



## PERSONAL PROPERTY & POLICIES

### Vehicle

Description <i>(Year, Make, Model)</i>	License Number	Lien Holder Contact Information	Title Registration Location	Notes

### Weapons

Description	Location	Serial Number	Notes

### Other Personal Property

Description	Location of Property	Notes

### Policies

Name of Company	Type of Policy	Policy Number	Agent Contact Information

NOTE ANY REVELANT INFORMATION REGARDING YOUR PERSONAL PROPERTY OR POLICIES:



## My "Living Will"

Individuals may execute a "living will" that instructs family members and physicians to not take extraordinary steps to continue your life on life-support machines. You should investigate the legality of the "living will" within your state and take steps to execute the "living will" if you do not chose to be kept alive through mechanical means.

**I have not executed a "living will"**

**I have executed a "living will"**

Since copies of living wills may not be acceptable in some states, an original, signed copy of my living will is readily accessible at:

## My Will

Your will should address special requests on how you would like insurance money to be spent, who you would like to have your prized possessions, etc. By providing this information in a will, your wishes can be upheld in court. Otherwise, your primary beneficiary will have total control of your assets/possessions. However, if this information is not included in your will, there is a section in this handbook for that information to be provided.

**I do not have a will.**

*(Often time's families incur additional emotional, legal and financial burdens when a loved one dies without having executed a will. We strongly suggest this be a task that you address as soon as possible.)*

**I have a will.**

Will Location:

My last will is dated:

The Attorney who handled my will is:

Law Firm:

Phone number:

The Executor is:

## Funeral Details

If possible, I would like to be an organ donor:

YES

NO

I prefer:

Cremation

Interment

Entombment

If cremation, I wish my ashes to be:

I wish to be buried at:

Purchased Lot:

Service to be Held at:

Church

Funeral Home

Church Preference:

Religious Affiliation:

Clergyman:

Phone:

Funeral Home:

Phone:

I wish to be wearing:

Class A Uniform

Military

Uniform

Suit

Other

Pall Bearers:

Veterans Benefits: YES

NO

Military Honors:

YES

NO

Lodge Service: YES

NO

If yes, Lodge Service By:

Obituary: YES

NO

Please list the following in my Obituary:

## SPECIAL FINAL REQUEST

### Request

As stated earlier in this handbook, special final requests should be addressed in one's will so your wishes will be upheld by a court of law. If you have not addressed these special final requests in a will, your primary beneficiary will have total control of your assets/possessions for final disposal. We strongly recommend addressing these issues in your will. If you choose not to, however, complete this section to alleviate your family of the decisions that might need to be made in your behalf.

My Special Final Request:

### Other Considerations

This handbook was planned to save as much heartache as possible immediately following the death of a loved one. All the planning and preparation in the world, however, won't save a family serious heartache if someone chooses to keep information about their life from family members. Often times after someone dies, family members are shocked to find out there are other children from outside the marriage and other significant others.

To save your spouse or other family members this heartache and torment, it is suggested that you write a letter to be opened upon your death that will tell your family about the issues you felt you could not discuss with them during your lifetime.

Additionally, we recommend that you discuss with your spouse the beneficiary listings you have chosen on various insurance policies. This will help alleviate the family upheavals that seriously affect the grief process when family members doubt that you meant to leave benefits to the people who received those benefits.

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Signature

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Date