

# **Arizona Department of Veterans' Services**



## **Personal Information Packet For**

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Dear Family:

This document is prepared with love to help you through this difficult time. I have tried to include all the information you could possibly need to make my transition from this world less complicated.

**PERSONAL INFORMATION**

Full Name \_\_\_\_\_  
First Middle Last

Residence \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP ( ) Phone

Birthdate: \_\_\_\_\_ Birthplace \_\_\_\_\_  
Day Month Year

Social Security No. \_\_\_\_\_ Marital Status: (circle one) S M W D

Name of Spouse: \_\_\_\_\_ (Maiden)

Father's Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Mother's Name \_\_\_\_\_ Birthplace \_\_\_\_\_

**PREFERRED ARRANGEMENTS FOR MEMORIAL**

I wish my remains to be taken to \_\_\_\_\_

I wish my remains to be (circle one) Buried Cremated Donated

Location of cemetery or final resting place \_\_\_\_\_

I would like  flowers or  donations to \_\_\_\_\_ in my memory.

**IMPORTANT PAPERS**

I have a will located \_\_\_\_\_  I do not have a will.

My Lawyer is \_\_\_\_\_ Telephone \_\_\_\_\_

Location of Marriage Certificate \_\_\_\_\_ Birth Certificates \_\_\_\_\_

Home Mortgage/Deed \_\_\_\_\_ Automobile Titles \_\_\_\_\_

Income Tax Returns \_\_\_\_\_ Other \_\_\_\_\_

Other \_\_\_\_\_ Other \_\_\_\_\_

**FINANCIAL INFORMATION**

Checking Account Location \_\_\_\_\_ Acct. # \_\_\_\_\_

Savings Account Location \_\_\_\_\_ Acct. # \_\_\_\_\_

Safe Deposit Box \_\_\_\_\_ Location of key \_\_\_\_\_

Other Assets (Stocks, Bonds, Securities, Savings Bonds, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

I have the following life insurance policies:

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**MILITARY & VETERANS ADMINISTRATION (VA) INFORMATION**

Date of Enlistment \_\_\_\_\_ Place of Enlistment \_\_\_\_\_

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Service # \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Place of Discharge \_\_\_\_\_

Awards or Decorations \_\_\_\_\_  
\_\_\_\_\_

I am receiving VA: Disability Compensation % \_\_\_\_\_ Pension amount \$ \_\_\_\_\_

My VA Power of Attorney is \_\_\_\_\_ VA Claim # \_\_\_\_\_

Location of DD214 (Discharge) \_\_\_\_\_

**Inform the VA or Power of Attorney of my death to avoid an overpayment 1-800-827-1000**

The mortuary will assist with arrangements with the National Veterans Cemetery and in obtaining the American Flag.

I would like \_\_\_\_\_ to provide military honors. Call \_\_\_\_\_

Contact my VA power of attorney or the Arizona Department of Veterans' Services to see if you are entitled to any benefits.

Contact the Social Security Administration to advise them of my death to obtain benefits and avoid an overpayment.

Additional information or special instructions:

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Names, addresses, and phone numbers of family and friends to be notified:

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Date prepared: \_\_\_\_\_

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