

Notes to My Family

Organizing our later years.



Module 1: About You and Your Family

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About You and Your Family

Here is where it all begins. *About You and Your Family* is about your life history.

This module provides you with an opportunity to give important details that could shape aspects of your end-of-life care. It requests you provide specific information that will benefit your family members, especially if you are unable to speak up for yourself. *About You and Your Family* lets you share the names of those who are important to you and the ways to contact them.

We encourage you to be as detailed as possible in this section. Consider the generations who will follow you and how appreciative they will be to have this information. Let them find comfort and pride in knowing who came before them. You.



Have the information below ready before starting to fill out this document.

About You and Your Family Document Finder List

- Birth Certificate
- Citizenship Papers, if applicable
- Death Certificates
- Divorce decree
- Medicare and / or other insurance card
- Passport
- Social Security Card
- Veteran ID Card

Personal Information

First Name:

Middle Name:

Last Name:

Maiden Name:

Current Address:

City:

State:

Zip:

Country:

Country Code:

Home Phone:

Work Phone:

Cell Phone:

Home Phone Voicemail Password:

Work Phone Voicemail Password:

Cell Phone Voicemail Password:

Date of Birth:

Location of Birth:

Social Security #:

Driver License # / State:

Medicare #:

Passport #:

Veteran:

Branch of Service:

Dates of Service:

Rank:

YES NO

Please use page 17 of this document to enter more information about your military service.

Citizen of foreign county:

Country of origin:

YES NO

Date entered USA:



Take this opportunity to tell your family or friends of any family history or narrative they might enjoy. You may also use Module 4 of this organizer, *Wishes and Memories*, to write down these stories.

Marital Status

Indicate your current status:

Single

Married

Domestic Partner

Divorced

Widowed

Spouse / Partner Name:

If widow / widower, name of deceased spouse:

Spouse / Partner Phone:

If spouse deceased, date deceased:

Spouse / Partner Date of Birth:

Place of Marriage:

Date of Marriage:

Children, continued

Child 4

First Name: _____ **Middle:** _____ **Last:** _____
Address: _____ **City:** _____ **ST:** _____ **Zip:** _____
Country: _____ **Date of Birth:** _____ **Place of Birth:** _____
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____
Email(s): _____
Spouse Name: _____ **Spouse DOB:** _____ **Date of Marriage:** _____
Children's Names: _____
If deceased, date of death: _____ **Burial Location:** _____
Notes: _____

Child 5

First Name: _____ **Middle:** _____ **Last:** _____
Address: _____ **City:** _____ **ST:** _____ **Zip:** _____
Country: _____ **Date of Birth:** _____ **Place of Birth:** _____
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____
Email(s): _____
Spouse Name: _____ **Spouse DOB:** _____ **Date of Marriage:** _____
Children's Names: _____
If deceased, date of death: _____ **Burial Location:** _____
Notes: _____

Child 6

First Name: _____ **Middle:** _____ **Last:** _____
Address: _____ **City:** _____ **ST:** _____ **Zip:** _____
Country: _____ **Date of Birth:** _____ **Place of Birth:** _____
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____
Email(s): _____
Spouse Name: _____ **Spouse DOB:** _____ **Date of Marriage:** _____
Children's Names: _____
If deceased, date of death: _____ **Burial Location:** _____
Notes: _____

General notes on your children:

Your Family

Mother

Biological Mother: **Adoptive Mother:** **Step:** **No Information:**
First Name: **Middle:** **Last:**
Maiden: **Address:**
City: **ST:** **Zip:** **Country:**
Date of Birth: **Place of Birth:** **Occupation:**
Home Phone: **Cell Phone:** **Work Phone:**
Email(s):
Spouse Name: **Spouse DOB:** **Date of Marriage:**
If deceased, date of death: **Burial Location:**
Notes:

Mother

Biological Mother: **Adoptive Mother:** **Step:** **No Information:**
First Name: **Middle:** **Last:**
Maiden: **Address:**
City: **ST:** **Zip:** **Country:**
Date of Birth: **Place of Birth:** **Occupation:**
Home Phone: **Cell Phone:** **Work Phone:**
Email(s):
Spouse Name: **Spouse DOB:** **Date of Marriage:**
If deceased, date of death: **Burial Location:**
Notes:

Father

Biological Father: **Adoptive Father:** **Step:** **No Information:**
First Name: **Middle:** **Last:**
Address:
City: **ST:** **Zip:** **Country:**
Date of Birth: **Place of Birth:** **Occupation:**
Home Phone: **Cell Phone:** **Work Phone:**
Email(s):
Spouse Name: **Spouse DOB:** **Date of Marriage:**
If deceased, date of death: **Burial Location:**
Notes:

Father

Biological Father: **Adoptive Father:** **Step:** **No Information:**
First Name: **Middle:** **Last:**
Address:
City: **ST:** **Zip:** **Country:**
Date of Birth: **Place of Birth:** **Occupation:**
Home Phone: **Cell Phone:** **Work Phone:**
Email(s):
Spouse Name: **Spouse DOB:** **Date of Marriage:**
If deceased, date of death: **Burial Location:**
Notes:

General notes on your parents:

Siblings

Sister: **Brother:**

First Name: **Middle:** **Last:**

Maiden: **Address:**

City: **ST:** **Zip:** **Country:**

Date of Birth: **Place of Birth:** **Occupation:**

Home Phone: **Cell Phone:** **Work Phone:**

Email(s):

Spouse Name: **Spouse DOB:** **Date of Marriage:**

Children's Names:

If deceased, date of death: **Burial Location:**

Notes:

Sister: **Brother:**

First Name: **Middle:** **Last:**

Maiden: **Address:**

City: **ST:** **Zip:** **Country:**

Date of Birth: **Place of Birth:** **Occupation:**

Home Phone: **Cell Phone:** **Work Phone:**

Email(s):

Spouse Name: **Spouse DOB:** **Date of Marriage:**

Children's Names:

If deceased, date of death: **Burial Location:**

Notes:

Siblings, continued

Sister: **Brother:**

First Name: **Middle:** **Last:**

Maiden: **Address:**

City: **ST:** **Zip:** **Country:**

Date of Birth: **Place of Birth:** **Occupation:**

Home Phone: **Cell Phone:** **Work Phone:**

Email(s):

Spouse Name: **Spouse DOB:** **Date of Marriage:**

Children's Names:

If deceased, date of death: **Burial Location:**

Notes:

Sister: **Brother:**

First Name: **Middle:** **Last:**

Maiden: **Address:**

City: **ST:** **Zip:** **Country:**

Date of Birth: **Place of Birth:** **Occupation:**

Home Phone: **Cell Phone:** **Work Phone:**

Email(s):

Spouse Name: **Spouse DOB:** **Date of Marriage:**

Children's Names:

If deceased, date of death: **Burial Location:**

Notes:

Your E-World

Is your computer password protected? If so, record your login information _____

Computer User Name:

Computer Password:

If you have a website _____

Your Website Address:

Website User Name:

Website Password:

Your Email Accounts _____

Email Address 1:

Email Password 1:

Email Address 2:

Email Password 2:

Email Address 3:

Email Password 3:

Social Media Accounts _____

Facebook User Name:

Facebook Password:

Twitter User Name:

Twitter Password:

LinkedIn User Name:

LinkedIn Password:

Other Online Accounts (such as Apple Cloud, Instagram, or Etsy) _____

Account:

Website:

User Name:

Password:

Account:

Website:

User Name:

Password:

Account:

Website:

User Name:

Password:

Account:

Website:

User Name:

Password:

Account:

Website:

User Name:

Password:

Notes:

Personal History

Previous Addresses

Previous Address 1

Address 1:

Address 2:

City: ST: Zip: Years:

Previous Address 2

Address 1:

Address 2:

City: ST: Zip: Years:

Previous Address 3

Address 1:

Address 2:

City: ST: Zip: Years:

Education

College 1:

Years Attended:

College 2:

Years Attended:

College 3:

Years Attended:

Honors or other notes:

City / State:

Degree:

City / State:

Degree:

City / State:

Degree:

High School 1:

Years Attended:

High School 2:

Years Attended:

Honors or other notes:

City / State:

Graduated: YES NO

City / State:

Graduated: YES NO

Elementary / Middle School (optional):

Years Attended: City / State:

Current (or Last) Employer:

Occupation:

Address:

City:

ST:

Zip:

Country:

Phone:

Email:

Website:

Notes:

Previous Employer:

Occupation:

Notes:

Previous Employer:

Occupation:

Notes:

Previous Employer:

Occupation:

Notes:

Organization:

What I do:

Address:

City:

Phone:

Notes:

Email:

ST:

Zip:

Contact:

Schedule:

Website:

Country:

Organization:

What I do:

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Schedule:

Website:

Country:

Organization Name:

Contact Name:

City: ST:

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Membership Dates:

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Organization Name:

Contact Name:

City: ST:

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Membership Dates:

Website:

Country:

End of NTMF About You and Your Family PDF