

Record of Personal Affairs

The following is a guide to assist you in consolidating information that will be beneficial for your loved ones at the time of your passing. This information is for your personal use only and should not be submitted to VA.

Be sure to keep the following information in a secure location, as it will contain personally identifiable information.

My Record of Personal Affairs:

First	Middle	Last
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Retired Military Grade	Branch of Service	SSN
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Street Address	City/State	Zip Code
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Service Number	Date of Entry and Date, Type, and Character of separated on from military
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Date and Place of Birth:

City, State, Zip	Month/Day/Year
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Parents' Information:

Father

First	Middle	Last
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Mother

First	Middle	Last
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Children:

First	Middle	Last	DOB	SSN
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First	Middle	Last	DOB	SSN
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First	Middle	Last	DOB	SSN
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First	Middle	Last	DOB	SSN
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Your Marital History:

_____ Your spouse's name	_____ Spouse's SSN	_____ Spouse's birthdate
_____ Location of marriage (city, state/country)	_____ Date of marriage	
_____ Your prior spouse's name (if applicable)	_____ Date of prior marriage	
_____ Location of prior marriage (city, state/country)	_____ Date/place/circumstance of end of marriage (if applicable)	
_____ Your <i>total</i> number of marriages	_____ Your spouse's <i>total</i> number of marriages	

Trusted Associates: List a personal lawyer or trusted friend who may be consulted in regard to personal or business affairs.

_____ First	_____ Middle	_____ Last
_____ Address	_____ Phone	_____ Email

Location of Family Records: List the physical location(s) where your family can find important documentation. Documents can include; birth certificates, adoption paperwork, marriage certificate, naturalization papers, divorce decrees, death certificates, tax documents, etc.

Your Will: Do you have a will? Circle one: **Yes** **No**

Location of Will Executor's name & contact information

Lawyer's name and contact information

Power of Attorney: Personal, not VA assigned. Do you have a POA? Circle one: **Yes** **No**

Name of POA Location of document

City, state zip Phone

Bank Accounts: Include name of financial institution, name of joint account holders, account number, and phone number.

Credit Cards: Include name and phone number.

Location of Important Financial Documents: Include savings bonds, stocks, mutual funds, 401K, safe deposit box, etc.

Real Estate: If your family needs any assistance with your home loan, they can contact a VA Regional Loan Center at 1-877-827-3702 for assistance. You do not need a VA Loan to request assistance.

Primary Residence (address)

Mortgage Institution (If applicable)

Location of physical Mortgage note

Property insurance (include company and policy number)

Investment Properties: Include address(es) and location of deed/note.

Vehicles owned: List the year, make, model and vehicle ID number (VIN) for each vehicle you own.

Life Insurance:

Circle the following types of insurance you have: **VA Life** **Government Employee** **Private Employer**
Private Life Insurance **Mortgage Insurance**

List the insurance company, policy number, face value and payment option below.

Other Insurance: List any health, vehicle, or other insurance you have.

Annuities: Government and private.

Payable to (full name)	Monthly Amount
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Address (city, state, zip)	Phone
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Employer / Membership: If employed (or retired), list any survivor benefit that may be payable.

Employer	Survivor Benefit
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City, state, zip	Phone
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Membership in Organizations or Associations: List any organizations with which you are affiliated that may assist your survivors. Also list other local Veteran Service Organizations which may be of assistance.

Veterans Affairs Record: Survivors should contact VA at 1-800-827-1000 to report a death and discontinue benefits.

VA claim number (if applicable)

Social Security: Survivors should contact local SSA office to see if burial benefits are available.

Social Security monthly payment	Location of SSA papers
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Retirement Pay: Civilian and/or military

Finance center	Current deposit location
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Beneficiary or any unpaid retired pay	Relationship	Phone
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Military Documents:

Location of DD-214 (separation papers)

Location of other military documents (awards, medical etc.)

Military Survivor/Casualty Assistance Officer: Active and retired military personnel.

Name and Location

Phone

Funeral and Burial Arrangements:

Funeral Location

Funeral director

Address

Phone

Church, Clergy or Desired Officiant:

Clergyperson/Officiant

Office Phone

Home Phone

Name of institution/organization

Address

For Those Who Wish to be interred in a VA National Cemetery:

Date of birth

Social Security Number

Rank / Branch of service

Date of entry into service

Date of separation

Service number

Other Suggestions or Wishes:

Wishes for Burial and Funeral Service Arrangements:

Name of resting place _____ Phone _____

Hymns, psalms, scriptures, poetry, or special requests _____

Flowers / memorial (if in lieu of Flowers) _____

Memorial and remembrances _____ Indicate emblem choice for VA Form 40-1330 _____

Do you have a pre-paid burial/plot? Circle one: Yes No

Pallbearers:

Special instructions:

Obituary Biography:

Additional Considerations

Please ensure the following are conducted through proper legal channels.

- **Do you have a “do not resuscitate” (DNR) order? Yes No**
- **Do you have a living will / health directive? Yes No**

Checklist of Important Documents

The following may be needed by survivors:

- Death Certificate (12 copies recommended) Location:** _____
- Deceased’s Birth Certificate Location:** _____
- Spouse’s Birth Certificate Location:** _____
- Minor or Adult Dependent Children’s Birth Certificate(s) Location:** _____
- Marriage Certificate Location:** _____
- Another Important Documents Location:** _____

Other resources and organizations that can assist you: