

## **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:

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|       |        |      |
|-------|--------|------|
| 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 |
|----------------|---|

## Date and Place of Birth:

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|                  |                |
|------------------|----------------|
| City, State, Zip | Month/Day/Year |
|------------------|----------------|

## Parents' Information:

Father

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|       |        |      |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

Mother

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|       |        |      |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

## Children:

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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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|       |        |      |     |     |
|-------|--------|------|-----|-----|
| First | Middle | Last | DOB | SSN |
|-------|--------|------|-----|-----|

## Your Marital History:

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

|                  |                 |                |
|------------------|-----------------|----------------|
| _____<br>First   | _____<br>Middle | _____<br>Last  |
| _____<br>Address | _____<br>Phone  | _____<br>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.

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

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Location of Will Executor's name & contact information

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Lawyer's name and contact information

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

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Name of POA Location of document

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City, state zip Phone

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

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**Credit Cards:** Include name and phone number.

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

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**Annuities:** Government and private.

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|                        |                |
|------------------------|----------------|
| Payable to (full name) | Monthly Amount |
|------------------------|----------------|

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|                            |       |
|----------------------------|-------|
| Address (city, state, zip) | Phone |
|----------------------------|-------|

**Employer / Membership:** If employed (or retired), list any survivor benefit that may be payable.

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|          |                  |
|----------|------------------|
| Employer | Survivor Benefit |
|----------|------------------|

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|                  |       |
|------------------|-------|
| City, state, zip | Phone |
|------------------|-------|

**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.

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

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VA claim number (if applicable)

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

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|                                 |                        |
|---------------------------------|------------------------|
| Social Security monthly payment | Location of SSA papers |
|---------------------------------|------------------------|

**Retirement Pay:** Civilian and/or military

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|                |                          |
|----------------|--------------------------|
| Finance center | Current deposit location |
|----------------|--------------------------|

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|                                       |              |       |
|---------------------------------------|--------------|-------|
| Beneficiary or any unpaid retired pay | Relationship | Phone |
|---------------------------------------|--------------|-------|

## Military Documents:

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Location of DD-214 (separation papers)

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

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

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Name and Location

Phone

## Funeral and Burial Arrangements:

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Funeral Location

Funeral director

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Address

Phone

## Church, Clergy or Desired Officiant:

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Clergyperson/Officiant

Office Phone

Home Phone

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Name of institution/organization

Address

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

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Date of birth

Social Security Number

Rank / Branch of service

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Date of entry into service

Date of separation

Service number

## Other Suggestions or Wishes:

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## Wishes for Burial and Funeral Service Arrangements:

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Name of resting place Phone

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Hymns, psalms, scriptures, poetry, or special requests

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Flowers / memorial (if in lieu of Flowers)

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

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

### Pallbearers:

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### Special instructions:

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### Obituary Biography:

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## 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: