

Family Information Guide

Provided By:



National Income Life Insurance Company

P.O. Box 5009 • Syracuse, NY 13220 • (315) 451-8180 • www.nilife.com

Important Information and Instructions

(Confidential)

NOTE!

This guide should be kept in a safe place at home . . .
DO NOT KEEP IN A SAFE DEPOSIT BOX

FAMILY INFORMATION GUIDE

VITAL STATISTICS AND HISTORICAL DATA

Full Name _____ Phone _____
Address _____ City _____ County _____
State _____ Zip _____ Birthdate _____ Birthplace _____
In City Since _____ In County Since _____ In State Since _____
Single _____ Married _____ Widowed _____ Divorced _____
Social Security No. _____ Union Local _____ No. _____
Employed By (or retired from) _____ Job Title _____
Father's Name _____ Living Yes No Birthplace _____
Mother's Maiden Name _____ Living Yes No Birthplace _____

VETERANS INFORMATION

Branch of Service _____ Name of War _____ Rank and Rate at Discharge _____
Service Number _____ V.A. Claim Number _____
Place of Enlistment _____ Place of Discharge _____
Enlistment Dates: _____ to _____ Location of Discharge Papers: In Home _____ Other _____

SPOUSE VITAL STATISTICS AND HISTORICAL DATA

Full Name _____ Living Yes No Date of Death _____
Birthdate _____ Birthplace _____ Social Security Number _____

PERSONS TO BE NOTIFIED

In the event of an emergency, please notify the following people to assist in any further arrangements. (Relatives, Friends, Neighbors)

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip _____

PERSON TO BE IN CHARGE OF FINAL ARRANGEMENTS:

Address _____ City/State _____ Phone _____

LAST WILL AND TESTAMENT

I Have Prepared My Will: Husband _____ Wife _____
My Attorney Is _____ City _____ Phone _____
Executor/Executrix _____ Relationship _____ Phone _____
Papers Are On File: Where _____
I Have A Living Will: Yes No Location _____

ESTATE INFORMATION

INSURANCE	COMPANY	POLICY NUMBER	AMOUNT
Life	_____	_____	\$ _____
	_____	_____	\$ _____
Group Coverage	_____	_____	\$ _____
Hospital & Medical	_____	_____	\$ _____
	_____	_____	

FINANCIAL INSTITUTION INFORMATION

Name of Institution _____ Phone _____
Address _____ City _____ State _____ Zip _____
Account Number _____ Checking/Share Draft Savings
Name of Institution _____ Phone _____
Address _____ City _____ State _____ Zip _____
Account Number _____ Checking/Share Draft Savings

SAFE DEPOSIT BOX

Name of Institution _____ Phone _____
Address _____ City _____ State _____ Zip _____

FUNERAL SERVICE REQUESTS

Funeral Home _____ Chapel _____ City _____
Church Denomination _____ Minister _____
Mass: Yes No Rosary: Yes No Place of Service: Funeral Home Church Graveside
I Prefer: Earth Burial Mausoleum Cremation I Have Purchased Lots: Yes No
My Choice of Cemetery Is _____ Location _____ City _____ State _____
If Interment Is To Be Elsewhere: Ship To _____ Funeral Home
City _____ State _____ Phone () _____
Glasses: Yes No Jewelry: Yes No Clothing: My Own New
Special Instructions: _____
Counselor: _____

Signature

Date

