FRED J ESTES VFW POST 9876

What My Family Should Know

*NAME:*_____

*LAST UPDATE:*_____

My Information Sheet

Name: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

Phone Number: _____ Email Address: _____

U.S. Citizen ◯ Yes ◯ No Naturalized ◯ Yes ◯ No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Seperated ☐ Widowed

Date of Marriage: _____ Place of Marriage: _____

Former Spouse

Name (First-Middle-Maiden): _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Divorce: _____ Place of Divorce: _____

Still Alive ? ◯ Yes ◯ No Date if Marriage Ended in Death: _____

Military Service

Branch of Service: _____ Date of Inlistment: _____

Place of Inlistment: _____ Retirement Date: _____

Last Unit: _____ Location: _____

Date of Death: _____ Place of Death: _____

Cause of Death: _____

Date of Funeral/Cremation: _____ Location: _____

Fathers Name: _____ Still Alive ? ◯ Yes ◯ No

Date of Birth: _____ Place of Birth: _____

Mothers Name: _____ Still Alive ? ◯ Yes ◯ No

Date of Birth: _____ Place of Birth: _____

My Spouse's Information Sheet

Name: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

Phone Number: _____ Email Address: _____

U.S. Citizen ◯ Yes ◯ No Naturalized ◯ Yes ◯ No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Seperated ☐ Widowed

Date of Marriage: _____ Place of Marriage: _____

Former Spouse

Name (First-Middle-Maiden): _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Divorce: _____ Place of Divorce: _____

Still Alive ? ◯ Yes ◯ No Date if Marriage Ended in Death: _____

Military Service

Branch of Service: _____ Date of Inlistment: _____

Place of Inlistment: _____ Retirement Date: _____

Last Unit: _____ Location: _____

Date of Death: _____ Place of Death: _____

Cause of Death: _____

Date of Funeral/Cremation: _____ Location: _____

Fathers Name: _____ Still Alive ? ◯ Yes ◯ No

Date of Birth: _____ Place of Birth: _____

Mothers Name: _____ Still Alive ? ◯ Yes ◯ No

Date of Birth: _____ Place of Birth: _____

Our Children's Information Sheet

Name: SSN: Status:

Date of Birth: Place of Birth: Gender:

Current Address:

Phone Numbers: Email Address:

U.S. Citizen ◯ Yes ◯ No Naturalized ◯ Yes ◯ No

Date Naturalized: Location:

Certificate Number: Application Number:

Name: SSN: Status:

Date of Birth: Place of Birth: Gender:

Current Address:

Phone Numbers: Email Address:

U.S. Citizen ◯ Yes ◯ No Naturalized ◯ Yes ◯ No

Date Naturalized: Location:

Certificate Number: Application Number:

Name: SSN: Status:

Date of Birth: Place of Birth: Gender:

Current Address:

Phone Numbers: Email Address:

U.S. Citizen ◯ Yes ◯ No Naturalized ◯ Yes ◯ No

Date Naturalized: Location:

Certificate Number: Application Number:

Name: SSN: Status:

Date of Birth: Place of Birth: Gender:

Current Address:

Phone Numbers: Email Address:

U.S. Citizen ◯ Yes ◯ No Naturalized ◯ Yes ◯ No

Date Naturalized: Location:

Certificate Number: Application Number:

▪ Documents List ▪

☐ DD-214s
แบบฟอร์มDD-214s

☐ U.S. Military ID Card
บัตรประจำตัวข้าราชการทหารอเมริกัน

☐ U.S. Naturalization Certificate
ใบรับรองสัญชาติอเมริกัน

☐ U.S. Green Card
เอกสารอนุญาติให้อาศัยในสหรัฐอเมริกา

☐ U.S. Social Security Card
บัตรประกันสังคมอเมริกัน

☐ Thai ID Card
บัตรประจำตัวประชาชน

☐ Thai Passport (+ U.S. Passport)
หนังสือเดินทางของประเทศไทยและสหรัฐอเมริกา

☐ Marriage Certificate (+ English)
ใบทะเบียนสมรส(ภาษาอังกฤษ)

☐ Divorce Certificate (+ English) (Both)
กรณีหย่านำมาทั้งทะเบียนสมรสและใบหย่า(ภาษาอังกฤษ)

☐ Birth Certificate - Wife (+ English)
ใบเกิดของภรรยา(ภาษาอังกฤษ)

☐ Birth Certificate - Children (+ English)
ใบเกิดของบุตร(ภาษาอังกฤษ)

☐ Adoption Papers
เอกสารการบริจาคให้แก่มูลนิธิต่าง ๆ

☐ Insurance Documents
เอกสารประกันภัย

☐ Bank Statements / Documents
รายการเงินฝากถอนในบัญชีเงินฝาก

☐ Stocks & Bonds Statements
ใบหุ้นทุนหุ้นกู้หรือพันธบัตร

☐ Retiree Account Statement
รายการเงินฝากถอนในบัญชีเกษียณอายุ

☐ Veterans Affairs (VA) Documents
เอกสารทหารผ่านศึก

☐ Wills / Powers of Attorney
พินัยกรรม/หนังสือมอบอำนาจ

☐ Income Tax Records
เอกสารบันทึกการเสียภาษีเงินได้

☐ Safe Deposit Box
ตู้นิรภัยของธนาคาร

☐ Copies of Deeds / Mortgages
เอกสารโฉนดหรือเอกสารจำนองอสังหาริมทรัพย์

☐ Outstanding Debts
หนี้คงค้างที่ยังต้องชำระ

☐ Association Membership(s)
เป็นสมาชิกของสมาคม

Miscellaneous Information:

Make at least 8 copies of Death Certificate with translation
Make necessary changes to your DEERS Program, Tricare, etc.
Change Social Security & Military retirement payments
Check with VA for entitlements (Grave Marker, Payments, Presidential Memorial Certificate)
Check with VFW abour Memorial Service & Casket Flag
Survivor should update appropriate will
Contact Bank(s) as appropriate
Extra Credit/ATM Cards should be destroyed or canceled
Appropriate changes should be made to all joint ownerships
Contact Insurance companies as appropriate
Turn in Militarty and Dependent ID Card's (Where and when required)

* MAKE EVERY EFFORT TO RETAIN "ORIGINAL" DOCUMENTS
PROVIDE CERTIFIED COPIES WHENEVER POSSIBLE

Bank and Finance Information

Bank #1 _____

Address _____

Phone No's _____ Fax _____

Web Site _____ Routing No./Swift Code: _____

Account No. _____ Owner: _____ Type of Account: _____

Account No. _____ Owner: _____ Type of Account: _____

Bank Card: _____ Card No. _____ Pin No. _____

Bank Card: _____ Card No. _____ Pin No. _____

Remarks: _____

Bank #2 _____

Address _____

Phone No's _____ Fax _____

Web Site _____ Routing No./Swift Code: _____

Account No. _____ Owner: _____ Type of Account: _____

Account No. _____ Owner: _____ Type of Account: _____

Bank Card: _____ Card No. _____ Pin No. _____

Bank Card: _____ Card No. _____ Pin No. _____

Remarks: _____

Bank #3 _____

Address _____

Phone No's _____ Fax _____

Web Site _____ Routing No./Swift Code: _____

Account No. _____ Owner: _____ Type of Account: _____

Account No. _____ Owner: _____ Type of Account: _____

Bank Card: _____ Card No. _____ Pin No. _____

Bank Card: _____ Card No. _____ Pin No. _____

Remarks: _____

Bank and Finance Information

Bank #4 _____

Address _____

Phone No's _____ Fax _____

Web Site _____ Routing No./Swift Code: _____

Account No. _____ Owner: _____ Type of Account: _____

Account No. _____ Owner: _____ Type of Account: _____

Bank Card: _____ Card No. _____ Pin No. _____

Bank Card: _____ Card No. _____ Pin No. _____

Remarks: _____

Bank #5 _____

Address _____

Phone No's _____ Fax _____

Web Site _____ Routing No./Swift Code: _____

Account No. _____ Owner: _____ Type of Account: _____

Account No. _____ Owner: _____ Type of Account: _____

Bank Card: _____ Card No. _____ Pin No. _____

Bank Card: _____ Card No. _____ Pin No. _____

Remarks: _____

Employer _____

Address _____

Phone No's _____ Fax _____

Gross Pay: _____ Net Pay: _____ Taxable Income: _____

Other Sources of Income: *(Rental Income, Insurance Premiums, Pension, etc.)*

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Listing of Outstanding Debts

Creditor: _____ Amount: _____

Creditor: _____ Amount: _____

Creditor: _____ Amount: _____

Creditor: _____ Amount: _____

Creditor: _____ Amount: _____

Creditor: _____ Amount: _____

Military Pay Information

Gross Pay: _____ Net Pay: _____ Taxable Income: _____

Deductions:

Survivors Benefits Costs _____

Federal Income Tax _____

State Income Tax _____

Allotments _____

Insurance Premiums _____

_____

Total Deductions: _____

Military Survivors Befefits Plan (SBP)

Election: _____

Annuity Base Amount: _____

Annuity Amount: _____

Social Security (When Applicable)

Social Security Claim Number: _____

Month Filed _____

Type of Benefit(s): _____

Beginning Date: _____

Amount of Benefits: _____

VA Benefits

VA File Number: _____

VA Rating: _____ % ***Effective Date:*** _____

Dependent Educational Assistance: ☐ YES ☐ NO

Monthly Entitlements: **$** _____ **Effective Date:** _____

Breakdown of Compensation:

Medical Description	Percent (%)	Effective Date

My Final Wishes

Name: _____ Religious Affiliation: _____

I Prefer: _____ Choice of Cemetery: _____

If Cremated Ashes to be: _____

Musical Selection: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Special Requests: _____

Organ Donation

- ☐ I DO NOT want any of my organs donated
- ☐ I would like to donate ANY organs needed for transplant
- ☐ I would like to donate my body for research
- ☐ I would like to donate the following organs for transplant/research:

List Organs: _____

Request an Obituary ☐ Yes ☐ No

Inclued the Following: _____

My Spouse's Final Wishes

Name: _____ Religious Affiliation: _____

I Prefer: _____ Choice of Cemetery: _____

If Cremated Ashes to be: _____

Musical Selection: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Special Requests: _____

Organ Donation

- ☐ I DO NOT want any of my organs donated
- ☐ I would like to donate ANY organs needed for transplant
- ☐ I would like to donate my body for research
- ☐ I would like to donate the following organs for transplant/research:

List Organs: _____

Request an Obituary ☐ Yes ☐ No

Inclued the Following: _____

Family Contacts

Name 1: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 2: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 3: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 4: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 5: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 6: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 7: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 8: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Professional Contacts

Doctor: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Clergy: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Attorney: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Broker: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Accountant: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Insurance: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Policy No. _____ Cert. No. _____ Contact: _____

Remarks: _____

Insurance: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Policy No. _____ Cert. No. _____ Contact: _____

Remarks: _____