

# **Your Personal/Financial Diary**

## **An Aid for Your Family**

This is the personal financial diary of \_\_\_\_\_

Social Security Number \_\_\_\_\_

This diary was last updated on \_\_\_\_\_

*We strongly suggest this diary be completed in pencil so it can be updated whenever necessary. We also suggest storing the book in a storage bag in your freezer so in case of fire in your residence, the diary will remain safe.*

## **“YOUR PERSONAL/ FINANCIAL DIARY”**

This handbook was developed in November 1995 to be used as an educational tool for Concerns of Police Survivors’ national training sessions. These training sessions were planned to help agencies address the emotional aftermath following a law enforcement officer’s death.

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Production of this handbook was made easy by modeling it after the “Critical Incident Booklet” published by the Grand Lodge Fraternal Order of Police Auxiliary. Our thanks to them for taking on the task of producing such a booklet for law enforcement families.

## INTRODUCTION

This personal financial diary was planned with the specific intention of giving law enforcement officers, who serve in a high-risk profession, the opportunity to organize their financial business so their families will have this information in an organized fashion should that officer be killed in the line of duty or die at an early age. However, this diary can be used by anyone to organize their personal/financial affairs.

Every day law enforcement officers tend to tedious paperwork. Writing detailed reports can make the difference in court cases, civil cases, and truly affect the outcome of occurrences in peoples' lives. Paperwork is a major part of the law enforcement officer's job.

Having worked with thousands of families that have lost officers in the line of duty, it has become apparent to Concerns of Police Survivors, Inc., that while law enforcement officers handle paperwork every day on the street, they are extremely lax at handling personal paperwork. You see, each year during National Police Week, a time when the law enforcement profession gathers to honor its fallen, we hear of 20 or more families whose officers forgot to up date their beneficiary forms. Imagine finding out after your law enforcement officer spouse has died that you're not listed as the beneficiary on insurance forms! Imagine finding out that although you've been married to this officer for seven years, the former spouse is still listed as beneficiary!

This is a hurt no family should have to suffer. This handbook is designed to address this violation of law enforcement officers' dependents. The diary also encourages those who take the time to organize their affairs to leave a letter stating why the spouse was not their beneficiary if that was their intent. It will eliminate many family traumas and will help the surviving family understand why the deceased left benefits to various individuals other than the spouse.

Take time with your spouse to sit down and complete Your Personal/Financial Diary. It will save you or your survivors hundreds of hours searching for legal and financial documents at some time in the future.

If you're a law enforcement officer, it's the least you can do for the family that loves you and supports you in your profession.

For additional copies, contact:

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**IN CASE OF EMERGENCY,**

**THESE PEOPLE MUST BE NOTIFIED**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Address: \_\_\_\_\_  
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Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## IMPORTANT BUSINESS/PERSONAL CONTACTS

My Immediate Supervisor: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Spouse's Immediate Supervisor: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_

Clergyman: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_  
Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_  
Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_  
Phone: \_\_\_\_\_

Accountant: \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

Banker: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Broker: \_\_\_\_\_  
Investment Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

## PERSONAL DOCUMENTS/INFORMATION

My birth date is: \_\_\_\_\_

My birth certificate is located at: \_\_\_\_\_

I was born in: \_\_\_\_\_

My social security number: \_\_\_\_\_

I was married in: \_\_\_\_\_

On: \_\_\_\_\_ To: \_\_\_\_\_

Children from this marriage: \_\_\_\_\_

I was divorced on: \_\_\_\_\_ State of: \_\_\_\_\_

I was married in: \_\_\_\_\_

On: \_\_\_\_\_ To: \_\_\_\_\_

Children from this marriage: \_\_\_\_\_

I was divorced on: \_\_\_\_\_ State of: \_\_\_\_\_

Marriage certificate(s) are located at: \_\_\_\_\_

Divorce decree(s) are located at: \_\_\_\_\_

Children's birth certificates are located at: \_\_\_\_\_

Children's adoption papers are located at: \_\_\_\_\_

Children's Names

Date of Birth

Residence

<u>Children's Names</u>	<u>Date of Birth</u>	<u>Residence</u>

I served in the Armed Forces: \_\_\_\_\_ Branch: \_\_\_\_\_

Service Serial Number: \_\_\_\_\_

Enlisted on: \_\_\_\_\_ At: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Discharge papers located at: \_\_\_\_\_

Personal Information (Continued)

Husband's relatives and addresses: (If deceased, indicate after their name)

1. Mother: \_\_\_\_\_  
\_\_\_\_\_
2. Father: \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_

Wife's relatives and addresses: (If deceased, indicate after their name)

1. Mother: \_\_\_\_\_  
\_\_\_\_\_
2. Father: \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_



Personal Information (Continued)

Grandchildren:

<u>Name</u>	<u>Date of Birth</u>	<u>Their Parents</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

People who have special meaning to me:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BENEFITS THROUGH EMPLOYMENT**

My employer is: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number of Benefits Division: \_\_\_\_\_

I began employment on: \_\_\_\_\_

The following benefits are provided through my employer:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Health Care Coverage Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_

Dental Care Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_

Eye Care Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_

Disability Insurance Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_

Files bearing employment documents are located at: \_\_\_\_\_

## BANK ACCOUNTS AND INVESTMENTS

Checking Account #: \_\_\_\_\_ Bank: \_\_\_\_\_  
Signatories are: \_\_\_\_\_  
Checkbook is kept at: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Bank: \_\_\_\_\_  
Signatories are: \_\_\_\_\_  
Checkbook is kept at: \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Bank: \_\_\_\_\_  
Signatories are: \_\_\_\_\_  
Passbook is kept at: \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Bank: \_\_\_\_\_  
Signatories are: \_\_\_\_\_  
Passbook is kept at: \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Bank: \_\_\_\_\_  
Signatories are: \_\_\_\_\_  
Passbook is kept at: \_\_\_\_\_

Certificate of Deposit #: \_\_\_\_\_ Bank: \_\_\_\_\_  
Signatories are: \_\_\_\_\_  
Certificate is kept at: \_\_\_\_\_

Certificate of Deposit #: \_\_\_\_\_ Bank: \_\_\_\_\_  
Signatories are: \_\_\_\_\_  
Certificate is kept at: \_\_\_\_\_

Safe Deposit Box #: \_\_\_\_\_ Bank: \_\_\_\_\_  
Safe Deposit Box is accessible to: \_\_\_\_\_  
Key is kept at: \_\_\_\_\_

Investment/Stock portfolio is located at: \_\_\_\_\_  
Bonds portfolio is located at: \_\_\_\_\_

IRA certificate and file is located at: \_\_\_\_\_  
401(k) Retirement file is located at: \_\_\_\_\_  
Pension (company funded) file is located at: \_\_\_\_\_

## MEDICAL AND DISABILITY INSURANCE

Medical Insurance is provided to me through my work. Yes \_\_\_\_\_ No \_\_\_\_\_

This is the name of the office/person at my place of employment regarding medical insurance issues: \_\_\_\_\_

Phone: \_\_\_\_\_

I have personally acquired medical insurance through the following companies:

\_\_\_\_\_  
\_\_\_\_\_

Location of policies: \_\_\_\_\_

You may need to talk with the State Workers' Compensation office at:

\_\_\_\_\_

Phone: \_\_\_\_\_

## CREDIT CARDS

I have credit cards with the following companies:

<u>Name</u>	<u>Account Number</u>	<u>Location of Statements</u>	<u>Is Insurance Provided?</u>
-------------	-----------------------	-------------------------------	-------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## TAX RETURNS

Copies of my income tax returns are located at: \_\_\_\_\_

\_\_\_\_\_

Current withholding tax forms and receipts received from my employer at located at:

\_\_\_\_\_

All worksheets and evidence in support of the returns are attached to the returns:

Yes \_\_\_\_\_ No \_\_\_\_\_ Worksheets are located at: \_\_\_\_\_

## MY PERSONAL BUSINESS VENTURES

I own or have an interest in (name of business): \_\_\_\_\_

Address: \_\_\_\_\_

In partnership/co-ownership with: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The contract concerning the business arrangement is located at: \_\_\_\_\_

Percentage of my share of the business is: \_\_\_\_\_

Tax papers for the business are located at: \_\_\_\_\_

## REAL ESTATE

My residence address is: \_\_\_\_\_

I own my own residence: Yes \_\_\_\_\_ No \_\_\_\_\_

My landlord is: \_\_\_\_\_

Ownership Title bears the names of: \_\_\_\_\_

The mortgage on the property is held by: \_\_\_\_\_

The mortgage payment records are located at: \_\_\_\_\_

The mortgage agreement carried life insurance coverage: Yes \_\_\_\_\_ No \_\_\_\_\_

Homeowners insurance papers are located at: \_\_\_\_\_

The insurance broker is: \_\_\_\_\_

Tax paperwork on my residence are located at: \_\_\_\_\_

I own other real estate at: (list addresses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deeds, mortgage information, tax documents and payment records are located at:

\_\_\_\_\_

## **TRUST FUNDS**

I have established a living trust for the benefit of: \_\_\_\_\_

It was established on: \_\_\_\_\_

The Trust Agreement is located at: \_\_\_\_\_

The Trustees are: \_\_\_\_\_

The attorney who drew up the Agreement is: \_\_\_\_\_

I am a beneficiary under a trust established by: \_\_\_\_\_

Papers are located at: \_\_\_\_\_

If I die, my heirs are beneficiaries of trust funds established by: \_\_\_\_\_

\_\_\_\_\_

Papers are located at: \_\_\_\_\_

## **PERSONAL DEBTORS AND CREDITORS**

The following owe money to me: \_\_\_\_\_

\_\_\_\_\_

Exclusive of secured loans, I owe to the following: \_\_\_\_\_

\_\_\_\_\_

I have the following loans covered by borrowers' life insurance: \_\_\_\_\_

\_\_\_\_\_

Copies of notes, loan agreements and receipts are located at: \_\_\_\_\_

\_\_\_\_\_

Are there any law suits you are involved in either as the plaintiff or defendant?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

## HOMEOWNER'S AND MORTGAGE INSURANCE

Company                      Contact                      Phone                      Location of Paperwork

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## AUTOMOBILES AND AUTO INSURANCE

Make                      Model                      Year                      Registered to                      Status of Ownership

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Company name of auto insurer \_\_\_\_\_  
Agent's Name \_\_\_\_\_ Phone \_\_\_\_\_

## BOATS, TRAILERS, OR OTHER MOTOR CRAFTS AND INSURANCE

Make                      Model                      Year                      Registered to                      Status of Ownership

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## OTHER INSURANCE

Often credit cards, credit unions, travel agencies, etc. carry insurance policies on clients. List various sources that provide this benefit:

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## MY LIVING WILL

Individuals may execute a “living will” that instructs family members and physicians to not take extraordinary steps to continue your life on life-support machines. You should investigate the legality of the “living will” within your state and take steps to execute the “living will” if you do not chose to be kept alive through mechanical means.

\_\_\_\_\_ I have not executed a “living will”

\_\_\_\_\_ I have executed a “living will”

Since copies of living wills may not be acceptable in some states, an original, signed copy of my living will is readily accessible at: \_\_\_\_\_  
Additional copies of my “living will” are on file with my personal physician, attorney, and with my will.

## MY WILL

Your will should address special requests on how you would like insurance money to be spent, who you would like to have your prized possessions, etc. By providing this information in a will, your wishes can be upheld in court. Otherwise, your primary beneficiary will have total control of your assets/possessions. However, if this information is not included in your will, there is a section in this handbook for that information to be provided.

I do not have a will. \_\_\_\_\_. (Often times families incur additional emotional, legal and financial burdens when a loved one dies without having executed a will. We strongly suggest this be a task that you address as soon as possible.)

I have a will that is located at: \_\_\_\_\_

The Attorney who handled my will is \_\_\_\_\_  
at the law firm of \_\_\_\_\_  
Phone number: \_\_\_\_\_

My last will is dated: \_\_\_\_\_

The Executor is: \_\_\_\_\_

## ORGAN DONATION

\_\_\_\_\_ I do not want any of my organs donated.

\_\_\_\_\_ I would like to have organs donated for transplant.

\_\_\_\_\_ I would like to donate the following organs for transplant/research:

\_\_\_\_\_

## FUNERAL DETAILS

Church Preference: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Clergyman: \_\_\_\_\_ Phone: \_\_\_\_\_

Funeral Home to be used: \_\_\_\_\_

Phone: \_\_\_\_\_ I have a pre-paid burial plan. Yes \_\_\_\_\_ No \_\_\_\_\_

Contact: \_\_\_\_\_

(Some funeral homes provide free burial services to a law enforcement officer killed in the line of duty. Check on this benefit through your agency.)

Service to be held at:

Funeral Home \_\_\_\_\_ Name of Funeral Home: \_\_\_\_\_

Church \_\_\_\_\_ Name of Church: \_\_\_\_\_

I prefer: Interment \_\_\_\_\_ Entombment \_\_\_\_\_ Cremation \_\_\_\_\_

My choice of cemetery is : \_\_\_\_\_

\_\_\_\_\_ I have purchased a lot. \_\_\_\_\_ I have not purchased a lot.

Lot is in name of: \_\_\_\_\_

Section \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Location of deed for lot: \_\_\_\_\_

If interment is in another city, give information on the receiving funeral home:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If cremated, what do you wish done with your ashes? \_\_\_\_\_



Funeral Details (Continued)

Obituary: Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the following in my obituary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am entitled to Veterans Benefits: Yes \_\_\_\_\_ No \_\_\_\_\_

I entitled to Military Honors: Yes \_\_\_\_\_ No \_\_\_\_\_

I would like a "Lodge" service: Yes \_\_\_\_\_ No \_\_\_\_\_

By: \_\_\_\_\_

Flowers: Yes \_\_\_\_\_ No \_\_\_\_\_ Disposal of flowers: \_\_\_\_\_

Donations in lieu of flowers to: \_\_\_\_\_

Musical selections: \_\_\_\_\_  
\_\_\_\_\_

Special requests for service: \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL FINAL REQUESTS**

As stated earlier in this handbook, special final requests should be addressed in one's will so your wishes will be upheld by a court of law. If you have not addressed these special final requests in a will, your primary beneficiary will have total control of your assets/possessions for final disposal. We strongly recommend addressing these issues in your will. If you choose not to, however, complete this section to alleviate your family of the decisions that might need to be made in your behalf.

This is how I would like insurance settlement money to be spent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is how I would like real estate to be handled: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is how I would hope my family would continue/improve their relationships:

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These are my prized possessions and how I would like them to be distributed:

Item

Given to

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I would like my clothing and other general personal effects distributed in this manner:

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Other special wishes: \_\_\_\_\_

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## LIFE INSURANCE POLICIES

To insure easy access to actual policies, beneficiaries, etc., all policies owned should be kept together in a safe place. Premium receipts, loan information, and settlement agreements on these policies should also be filed with the policy.

Location of policies: \_\_\_\_\_

I have made loans against the following policies: \_\_\_\_\_  
\_\_\_\_\_

I also own annuity contracts: Yes \_\_\_\_\_ No \_\_\_\_\_

Location of contracts: \_\_\_\_\_

My principal life insurance advisor is listed in "Important Business/Personal Contacts".

Other insurance advisors include:

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

*The National Insurance Consumer Help Line can search 100 of the largest life insurance companies for policies of individuals. (Keep in mind there are over 2,000 insurance companies in existence.) There is a \$4.50 charge for this search and it may take up to six months to complete the search. Call 1-800-942-4242 for information.*

I also belong to the various social/fraternal organizations that carry insurance for their membership:

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **OTHER CONSIDERATIONS**

This handbook was planned to save as much heartache as possible immediately following the death of a loved one. All the planning and preparation in the world, however, won't save a family serious heartache if someone chooses to keep information about their life from family members. Often times after someone dies, family members are shocked to find out there are other children from outside the marriage and other significant others.

To save your spouse or other family members this heartache and torment, it is suggested that you write a letter to be opened upon your death that will tell your family about the issues you felt you could not discuss with them during your lifetime.

Additionally, we recommend that you discuss with your spouse the beneficiary listings you have chosen on various insurance policies. This will help alleviate the family upheavals that seriously effect the grief process when family members doubt that you meant to leave benefits to the people who received those benefits.

Be proactive and address these issues before it's too late.

## AGENCY SHEET

If the person completing this booklet is a law enforcement officer, this page can be completed and filed with your enforcement agency in your personnel file.

Officer's Name: \_\_\_\_\_  
                                (Last)                                (First)                                (Badge/ID Number)  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of death or serious injury, have a department representative contact:

<u>Name</u>	<u>Day Address</u>	<u>Evening Address</u>	<u>Phone</u>
Spouse: _____			
Mother: _____			
Father: _____			
Closest Relative: _____			
Former Spouse(s): _____			

My best friend on the department is \_\_\_\_\_ and I would like him (her) to accompany anyone sent to give injury/death notice to my family. My best friend's address is: \_\_\_\_\_  
Phone number \_\_\_\_\_  
I want \_\_\_\_\_ to serve as the liaison officer with my family.

The following members of my family have health concerns that the department should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

My family is aware of the beneficiaries listed on all my department insurance forms.

Yes \_\_\_\_ No \_\_\_\_

I have a letter written to my family explaining why I have named certain beneficiaries on my policies. Yes \_\_\_\_ No \_\_\_\_

I would like full law enforcement honors if killed in the line of duty. Yes \_\_\_\_ No \_\_\_\_

Suggested pallbearers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_