



**PERSONAL INFORMATION  
OF**



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The American Legion/American Legion Auxiliary makes this form available to all veterans as a means of recording important information for safekeeping. At times of great stress, people often find it difficult to remember vital information, dates, etc. This folder if completed will provide the needed information.

In making this form available, The American Legion sincerely hopes it is being of service to the veteran and family. If any help is needed in compiling information, contact your Department Service Officer or Post Service Officer who will be glad to assist in any way possible.

After completing the folder, be certain it is put in a secure place and family or close friends are aware of its location.

In this folder I have recorded my desires for my funeral, vital statistics, and a list of my important documents. This I have done to help my family at a time when I am not there to help and assist them.

\_\_\_\_\_  
(Month) (Day) (Year)

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(City) (County) (State)

### VITAL STATISTICS

Full Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Social Security No. \_\_\_\_\_

Veteran \_\_\_\_\_ Claim No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_

My Father's Name \_\_\_\_\_

My Mother's Name \_\_\_\_\_

Business or Profession \_\_\_\_\_  
(Job or Position) (Type of Business)

I came to this city \_\_\_\_\_

Other Information \_\_\_\_\_

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

**DOCUMENTS AND ACCOUNTS**

Insurance \_\_\_\_\_  
(Company) (Policy No.)

\_\_\_\_\_  
(Company) (Policy No.)

Policies are located at \_\_\_\_\_

My Last Will & Testament located at \_\_\_\_\_

My Attorney is \_\_\_\_\_

My bank accounts are in \_\_\_\_\_  
(Name of Bank) (Address)

\_\_\_\_\_  
(Name of Bank) (Address)

**FUNERAL ARRANGEMENT RECORD**

My preference in Funeral Home is \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

My preference in Minister is \_\_\_\_\_  
(Name) (Denomination)

\_\_\_\_\_  
(Address)

My preference in Cemeteries is \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

My lot location is \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

Other preferences \_\_\_\_\_

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

**MILITARY RECORD**

Enlisted at \_\_\_\_\_

Date of Enlistment \_\_\_\_\_

Rate or Rank at Discharge \_\_\_\_\_

\_\_\_\_\_  
(Company) (Organization) (Branch)

Date of Discharge \_\_\_\_\_

Discharge at

My Discharge Papers are located at

I am a member of \_\_\_\_\_  
(Name of Veteran Organization)

\_\_\_\_\_  
(Location)

**NAMES AND ADDRESSES OF MY NEXT OF KIN**

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

**PREVIOUS MARRIAGE**

Date \_\_\_\_\_ Place \_\_\_\_\_

\_\_\_\_\_

**FRATERNAL MEMBERSHIP**

Organization

Address

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

Please include the following in my obituary/memorial service

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