

DOCUMENT COPIES

IDENTIFICATION	
	recent photo of each family member
	birth certificate
	driver's licenses or state issued id cards
	voter registration card
	passport
	social security cards
	military records
	naturalization/immigration documents
	proof of citizenship
	adoption/foster records
	church records
	marriage certificate
	death certificate
	divorce & child custody agreements
	genealogy information
	proof of citizenship
	pet records
FINANCE	
	copies of credit cards (front and back)
	bank statements (last two statements)
	utility statements
	retirement / social security statements
	deed to properties
	title to cars, boats, etc.
	warranty information

MEDICAL	
	current prescription lists
	medical history
	immunization records
	medical power of attorney
	advanced care directives
	medical insurance information
	copies of your medical insurance card
	business cards of all your doctors
INSURANCE	
	home insurance policy
	car insurance policy
	other insurance policies
	local agent information
	insurance cards
LEGAL DOCUMENTS	
	contracts
	power of attorney for you
	power of attorney for others
	wills (original documents only)
	concealed carry weapons permit
EMPLOYMENT	
	resume
	business license
	employment contract
	employee benefits information

EDUCATION	
	diploma
	current report card of each child
	transcripts
HOUSING	
	appraisal
	mortgage statement
	lease agreement
	deed
	property taxes bill
	land survey
	title policy
PETS	
	recent photo of each pet
	pedigree papers
	license registration
	immunization records
LOCAL / STATE MAPS	
OTHERS	

INSURANCE INFORMATION TEMPLATE

VEHICLE INSURANCE			
name of insurance owner			
insurance name			
policy number		vehicle plate number	
group number		vehicle type	
start date		vehicle color	
expiration date		vehicle description	
INSURANCE COMPANY			
company name			
address			
website			
email			
contact number			
CONTACT PERSON	NAME	EMAIL	CONTACT NUMBER
agent			
contact person #1			
contact person #2			
INSURANCE POLICY NOTES			

IDENTITY TRACKER

photo	name	
	date of birth	
	height	
	weight	
	sex	
	hair color	
	eye color	
____ / ____ / ____	blood type	
MEDICAL INFORMATION		
allergies		medication
medical history		
insurance cards		