Arizona Department of Veterans' Services



Personal Information Packet

Dear Family:

This document has been prepared with my care and respect to help you through this difficult time. I have tried to include all the information you may need to make my transition from this world less complicated.

PERSONAL INFORMATION Full Name _____ Residence _____ Street Address ZIP () State Birthdate: _______ Day Month Birthplace _____ Social Security No. _____ Marital Status: (circle one) S М W D Name of Spouse: (Maiden) Father's Name _____ Birthplace _____ Mother's Name Birthplace PREFERRED ARRANGEMENTS FOR MEMORIAL I wish my remains to be taken to ______ Buried Cremated I wish my remains to be (circle one) Donated Location of cemetery or final resting place I would like \square flowers or \square donations to ______ in my memory. **IMPORTANT PAPERS** ☐ I have a will located I do not have a will. My Attorney is ______ Telephone _____

Marriage Certificate _____

Home Mortgage/Deed _____

Income Tax Returns

Location of

Birth Certificates

Automobile Titles _____

Other _____

Other _____

FINANCIAL INFORMATION

Checking Account Location	Acct. #
Savings Account Location	Acct. #
Safe Deposit Box	Location of key
Other Assets (Stocks, Bonds, Securities, Savi	ings Bonds, etc.)
I have the following life insurance policies:	
Company	Policy#
Address	Phone
Company	Policy #
Address	Phone
	Place of Enlistment Branch Date of Discharge
	6 Pension amount \$
My VA Power of Attorney is	VA Claim #
Location of DD214 (Discharge)	
Inform the VA or Power of Attorney of my	death to avoid an overpayment 1-800-827-1000
The mortuary will assist with arrangement obtaining the American Flag.	s with the National Veterans Cemetery and in
☐ I would liketo	provide military honors. Call
Contact my VA power of attorney or the A you are entitled to any benefits.	Arizona Department of Veterans' Services to see if
Contact the Social Security Administrational and avoid an overpayment.	on to advise them of my death to obtain benefits

Additional inform	mation or special instructions:
Names, addres	ses, and phone numbers of family and friends to be notified:
Date prepared:	

This publication has been provided by:

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