



Confidential Family Records

Use this worksheet to help you organize your confidential financial information.

Upon completion, keep this worksheet in a secure location and make sure that your primary contact knows how to find important documents.

Name: _____ Date of Completion: _____

OnTrack is a private, nonprofit, United Way funded agency offering free and confidential budget and credit counseling. We invite you to take advantage of our one-on-one counseling services, participate in our education programs, and learn to manage your money and credit better!



Immediate Family

Identifying Information	You:	Spouse/Partner:	Secondary Contact:	
Relationship				
Date of Birth				
Social Security #				
Home Address				
Home Phone				
Cell Phone				
Email				

Other Family (Children, Siblings, Parents)

Identifying Information	Name:	Name:	Name:	Name:
Relationship				
Date of Birth				
Social Security #				
Home Address				
Home Phone				
Cell Phone				
Email				

Insurance (Life, Health, Disability, not including property)

Type	Company	Company Contact	Policy #	Beneficiary

Professional Contacts

Will: Attorney/Law Office: _____ Phone: _____

Address: _____

Accountant: _____ Phone: _____

Address: _____

Other: _____ Phone: _____

Address: _____

Location of Important Documents

Marriage certificate: _____
Birth certificates: _____
Other: (Adoption papers, Naturalization papers, etc) _____
Military Service #: _____ Branch: _____
Dates of service: _____ Location of discharge papers: _____

Personal Property (*Home, Land, Car, Boat, Business*)

Primary Residence: _____
Name on Title: _____ Location of Title/Deed: _____
Mortgage Lender: _____ Contact: _____
Homeowners Insurance Policy: _____ Contact: _____

Other Real Estate: _____
Name on Title: _____ Location of Title/Deed: _____
Mortgage Lender: _____ Contact: _____
Insurance Policy: _____ Contact: _____

Automobile Type: _____ Year/Make/Model: _____
Name on Title: _____ Location of Title: _____
Lender: _____ Contact: _____
Insurance Policy: _____ Contact: _____

Automobile Type: _____ Year/Make/Model: _____
Name on Title: _____ Location of Title: _____
Lender: _____ Contact: _____
Insurance Policy: _____ Contact: _____

Other Property: _____ Owner: _____
Lender: _____ Contact: _____

Investments (*Retirement, Stocks, Bonds*)

Type of Account: _____ Owner: _____
Beneficiary: _____ Broker/Advisor: _____
Address: _____ Phone: _____

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Type of Account: _____ Owner: _____
Beneficiary: _____ Broker/Advisor: _____
Address: _____ Phone: _____

Loans Payable to you

Recipient: _____ Contact: _____

Recipient: _____ Contact: _____

Banking Accounts *(Checking, Savings, Money Market, Brokerage Accounts)*

Type	Account #	Bank	Bank Contact Name and #

Certificates of Deposit *(CDs)*

Term	Amount	Issued and Maturity Dates	Owner	Bank	Location

Other Debt *(Credit Cards, Personal loans, Student loans, other debts not included above)*

Company	Account #	Account Type	Exp. Date	Credit Limit	Amount Outstanding	If lost call #

Personal Safe or Safe Deposit Box and Passwords

Type: _____
 Location: _____
 Box #: _____ Location of key: _____
 Combination: _____

Type: _____
 Location: _____
 Box #: _____ Location of key: _____
 Combination: _____

Location of Passwords or Password Keeper App: _____