Personal Information Sheet

Your Private Record The purpose of this Personal Information Sheet is to help your family with personal information in the difficult time following bereavement.

This Personal Information Sheet is for your own personal record, please **DO NOT** send it in to Veterans' Affairs or your ex-service group. Keep it with this folder, in a safe place.

Please note that this information sheet is **NOT** a legal document and **DOES NOT** replace a will. Be sure that you have made a will and that it is up to date.

Please fill in this sheet if you are:

- single or widowed
- members of a couple (both partners should fill in a form)

Please:

- fill in as much information as you can
- keep it in the folder provided, in a safe place
- let your family or friends know where it is kept
- update these details when circumstances change

Please write in BLOCK LETTERS using a blue or black pen (not pencil).

Personal detai	ls
Surname	
Given name(s)	
Address	
	Postcode
Date of birth	1 1
Place of birth	
Religion	
Local church	
Service number	
Rank	
	Army Navy Air Force
Tax file number	
In case of eme	rgency please contact
Surname	
Given name(s)	
Address	
	Postcode
Telephone number	()

Personal Information Sheet

Family details						
Your Father's name						
Father's date of birth		/	1			
Father's place of birth						
Your Mother's name						
Mother's maiden name						
Mother's date of birth		/	/			
Mother's place of birth						
Full name of partner (if applicable)						
List other names used or known by partner (e.g. maiden name, name at birth)						
Date of marriage		/	1			
Place of marriage						
Full name(s) of children						
Medical details Your Medical Practitioner's name						
Address						
				 	Postcode	
Telephone number	()		 	Postcode	
Telephone number Name of Private Medical/Hospital fund	()		 	Postcode	
Name of Private)		 	Postcode	
Name of Private Medical/Hospital fund)		 	Postcode	
Name of Private Medical/Hospital fund Telephone number	((((((() () () () () () () () () ()			Postcode	
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You may wish to keep	originals or copies of	relevant documents	with this form.
Superannuatio	n dotaile		
Name of fund			
Telephone number	()		
Life assurance	e details		
1. Company			
Policy number			
2. Company			
Policy number			
3. Company			
Policy number			
Policy number			
Policy number			
Veterans' Affai	irs and Centre	link pension (details
	irs and Centre	link pension	details

Personal	
Information	
Sheet	

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Safe deposit de	tails	
Location		
Location of key		
House details Ownership/mortgage details		
Location of title(s)		
Will details		
Location of will		
Executor's name		
Executor's address		
		Postcode
Telephone number		
Solicitor's name		
Solicitor's address		
		Postcode
Telephone number		
Funeral arrange	ements	
Burial		
Cremation		
Cemetery/Crematorium (including existing allotment)		
Organ/tissue donor?	No Yes	
Note: Requests shou wishes.	ld be detailed in your will and your nex	t of kin should be aware of you
Special requests (e.g. no flowers etc)		
Other details		