



ALL ABOUT ME

My Personal Record Booklet



United Way
Halton & Hamilton

Funded by the Government of
Canada's New Horizon for
Seniors Program

Canada

United Way Halton & Hamilton and all stakeholders involved in the creation of this booklet are not responsible for any lost or stolen content.

Please keep this booklet in a secure place and notify a trusted person where it may be located.

What is this?

A tool to be used in conjunction with Caring for Community During COVID-19: Older Adults Resource Guide. (This document should be placed in a secure location and be made available to ONLY your next of kin, in case of an emergency.)

The Personal Record Booklet is designed to help you keep track of your personal records in the event of an emergency. It should not take long to fill out, and can save both yourself and loved ones hours of searching for important documents in the event of an emergency. As this booklet contains confidential and personal information, it is recommended you keep this booklet in a secure place in your home, in a safety deposit box or with your lawyer. Let your family know where it is located.

Online printing is available at no cost at the Hamilton Public Library.

All About Me: My Personal Record Booklet was funded by the Government of Canada.

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Canada's New Horizons for
Seniors Program



Personal Information

Full Legal Name:

Address:

City/Town:

Province:

Postal Code:

Home Phone Number:

Cell:

Date of Birth:

Place of Birth (City, Province/State, Country):

Social Insurance Number (SIN):

Passport/Citizenship Information:

Drivers License Number (if applicable):

Drivers License Expiry Date (if applicable):

Health Card Number (if applicable):

Health Card Expiry Date (if applicable):

Other Information:

Empty text input fields for additional information.

| Relationship Status | |
|--|--------------------|
| Married: <input type="checkbox"/> Common-law: <input type="checkbox"/> Single: <input type="checkbox"/> Divorced: <input type="checkbox"/> Separated: <input type="checkbox"/> Widowed: <input type="checkbox"/> | |
| Partners Name: | |
| If Married | |
| Date of Marriage: | Place of Marriage: |
| Marriage Contract: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Location of Contract: | |
| | |

| Partner Information | |
|---|------------------------|
| Full Legal Name: | |
| Address: | |
| City/Town: | Province: Postal Code: |
| Home Phone Number: | Cell: |
| Email: | |
| Date of Birth: | |
| Place of Birth (City, Province/State, Country): | |
| Social Insurance Number (SIN): | |
| Passport/Citizenship Information: | |
| Continued... | |

| | |
|--|-------|
| Drivers License Number (if applicable): | |
| Drivers License Expiry Date (if applicable): | |
| Health Card Number (if applicable): | |
| Health Card Expiry Date (if applicable): | |
| Pets Information | Name: |
| Care Instructions: | |
| | |
| | |
| Other Information: | |
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| Emergency Contact (family member or friend) | | |
|---|-----------|--------------|
| Full Legal Name: | | |
| Address: | | |
| City/Town: | Province: | Postal Code: |
| Home Phone Number: | Cell: | |
| Email: | | |
| | | |

| Next of Kin | |
|---------------|--|
| Name: | |
| Relationship: | |
| Phone Number: | |
| Email: | |
| | |
| Name: | |
| Relationship: | |
| Phone Number: | |
| Email: | |
| | |
| Name: | |
| Relationship: | |
| Phone Number: | |
| Email: | |
| | |
| Continued... | |

| Next of Kin | |
|---------------|--|
| Name: | |
| Relationship: | |
| Phone Number: | |
| Email: | |
| | |
| Name: | |
| Relationship: | |
| Phone Number: | |
| Email: | |
| | |
| Name: | |
| Relationship: | |
| Phone Number: | |
| Email: | |
| | |

| Doctors |
|-------------------------|
| Family Physician |
| Name: |
| Address: |
| Phone Number: |
| Other Physicians |
| Name: |
| Specialty: |
| Phone Number: |
| |
| Name: |
| Specialty: |
| Phone Number: |
| |
| Name: |
| Specialty: |
| Phone Number: |
| |
| Name: |
| Specialty: |
| Phone Number: |
| Continued... |

| |
|-----------------|
| Dentist |
| Name: |
| Address: |
| Phone Number: |
| Pharmacy |
| Name: |
| Specialty: |
| Phone Number: |
| |

| Medication Information | | | |
|--|----------------------|-------------------|-----------------|
| Medication Name | Prescribed By | Start Date | End Date |
| | | | |
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| | | | |
| Cross out each medicine when finished or discontinued. | | Continued... | |

Medication Information

| Medication Name | Prescribed By | Start Date | End Date |
|-----------------|---------------|------------|----------|
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Cross out each medicine when finished or discontinued.

Financial Information

Bank, Trust Company, Credit Union, Caisse Populaire Accounts

Financial Institution:

Branch Address:

Account Number(s):

Financial Institution:

Branch Address:

Account Number(s):

Financial Institution:

Branch Address:

Account Number(s):

Line of Credit:

Safety Deposit Box

Institution: Box #:

Key Number/Key Location:

Access Designated for:

Continued...

| | |
|--|--------|
| | |
| Safety Deposit Box | |
| Institution: | Box #: |
| Key Number/Key Location: | |
| Access Designated for: | |
| Income Sources | |
| Canada Pension Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Old Age Security/GIS: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Other Pension or Annuity Income: | |
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|--|--|
| Investments | |
| RRSP/RIF | |
| Location & Details: | |
| | |
| | |
| | |
| Stocks | |
| Location & Details: | |
| | |
| | |
| | |
| Bonds | |
| Location & Details: | |
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| | |
| Guaranteed (GIC, Term Deposits) | |
| Location & Details: | |
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| Insurance Information | |
|---|---------------|
| Medical/Healthcare | |
| Medical Insurance Name: | |
| Policy Number: | |
| Life Insurance | |
| Insurance Company: | Policy #: |
| Insurance Company: | Policy #: |
| Automobile Insurance | |
| Insurance Company: | Policy #: |
| Agent: | Phone Number: |
| Property Insurance | |
| Insurance Company: | Policy #: |
| Agent: | Phone Number: |
| Copies of Important Documents | |
| (will, last income tax return, mortgage papers, etc.) are located: | |
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| Continued... | |

| Insurance Information |
|-----------------------|
| Notes: |
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| Estate Planning Information | |
|-----------------------------|-------|
| Solicitor | Name: |
| Address: | |
| Phone Number: | |
| Financial Advisor | Name: |
| Address: | |
| Phone Number: | |
| Executor #1 | Name: |
| Address: | |
| Phone Number: | |
| Executor #2 | Name: |
| Address: | |
| Phone Number: | |
| | |

| Last Will and Testament | |
|---|---|
| Do you have a will? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your partner have a will? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Date of will: | |
| Name and phone number of professional who drafted your will (if any): | |
| | |
| Location of Original Copy: | |
| Additional Copies: | |
| | |

| Estate Settlement Information | |
|--|---------------|
| Accountant | |
| Name: | Phone Number: |
| Banker/Financial Representative | |
| Name: | Phone Number: |
| Broker | |
| Name: | Phone Number: |
| Physician | |
| Name: | Phone Number: |
| Continued... | |

| | |
|--|---------------|
| Funeral Home/Agency | |
| Name: | Phone Number: |
| Religious Institution | |
| Name: | Phone Number: |
| | |
| Power of Attorney for Property | |
| Name: | Phone Number: |
| Power of Attorney for Property | |
| Name: | Phone Number: |
| Power of Attorney for Personal Care | |
| Name: | Phone Number: |
| Power of Attorney for Personal Care | |
| Name: | Phone Number: |
| | |

