

# Record Organization Guide

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Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_  
Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
Employed by or retired from \_\_\_\_\_  
Address \_\_\_\_\_ Year(s) Employed \_\_\_\_\_  
\_\_\_\_\_

NAME	BIRTHDATE	CHILDREN	
		BIRTHPLACE	SOCIAL SECURITY NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## VETERANS INFORMATION

Branch of Service \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Service Number \_\_\_\_\_ V.A. Claim No. \_\_\_\_\_  
Place of Enlistment \_\_\_\_\_ Place of Discharge \_\_\_\_\_  
Enlistment Dates \_\_\_\_\_ to \_\_\_\_\_ Location of Discharge Papers \_\_\_\_\_

## INSURANCE INFORMATION

INSURANCE	COMPANY	POLICY NUMBER	AMOUNT
LIFE	_____	_____	_____
GROUP	_____	_____	_____
MEDICAL	_____	_____	_____

## LAST WILL & TESTAMENT

I have prepared a Will  YES  NO Date Will was prepared \_\_\_\_\_  
Attorney's Name \_\_\_\_\_ Address \_\_\_\_\_  
Will is located \_\_\_\_\_  
I have a Living Will  YES  NO Date Living Will was prepared \_\_\_\_\_  
Living Will is located \_\_\_\_\_

## FINANCIAL INSTITUTION INFORMATION

Name of Institution \_\_\_\_\_ Address \_\_\_\_\_  
 Checking  Savings  CD  Other \_\_\_\_\_

Name of Institution \_\_\_\_\_ Address \_\_\_\_\_  
 Checking  Savings  CD  Other \_\_\_\_\_

Name of Institution \_\_\_\_\_ Address \_\_\_\_\_  
 Checking  Savings  CD  Other \_\_\_\_\_

Name of Institution \_\_\_\_\_ Address \_\_\_\_\_  
 Checking  Savings  CD  Other \_\_\_\_\_

## SAFE DEPOSIT BOX

Name of Institution \_\_\_\_\_ Address \_\_\_\_\_  
Location of Key \_\_\_\_\_

## FUNERAL SERVICE REQUESTS

Funeral Home \_\_\_\_\_ Address \_\_\_\_\_

Church Denomination \_\_\_\_\_ Minister \_\_\_\_\_

I prefer  Earth Burial  Mausoleum  Cremation  
I have purchased burial lots/ mausoleum space  YES  No Location \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_