Caring for My Family and Friends

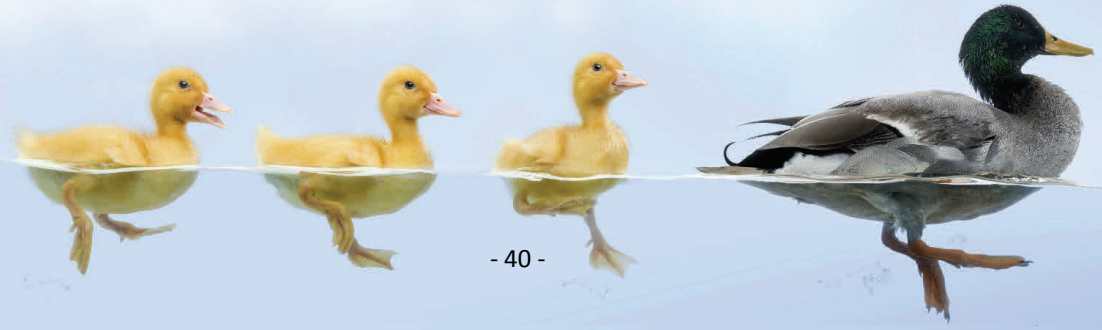
This section will allow you to record important information about your children, other dependents and pets, and how to care for them if you no longer can. If your children are younger than 18, please ensure that you have proposed a legal guardian for your children and communicated who that person is in your will. For information about how to write a will, the *Community Legal Clinic Simcoe, Haliburton and Kawartha Lakes* has produced a will kit that may be of help to you.

Caring for My Child: Child's Personal Information

My Child's Legal Name:	Preferred Name:	Date/Place of Birth:
Social Insurance #:	**Canadian Citizen: ☐Yes ☐No**	**E-mail Address:**
Home Phone #:	**Cell Phone #:**	**Address:**
Other Guardian/Care Provider: (Name and Relationship)	**Phone #:**	**Address:**
Other Guardian/Care Provider: (Name and Relationship)	**Phone #:**	**Address:**
Other Guardian/Care Provider: (Name and Relationship)	**Phone #:**	**Address:**
Location of ID Papers:		
Name of Financial Institution:	**Phone #:**	**Address:**
Type of Account:	**Account #:**	**Other Information:**
Name of Financial Institution:	**Phone #:**	**Address:**
Type of Account:	**Account #:**	**Other Information:**

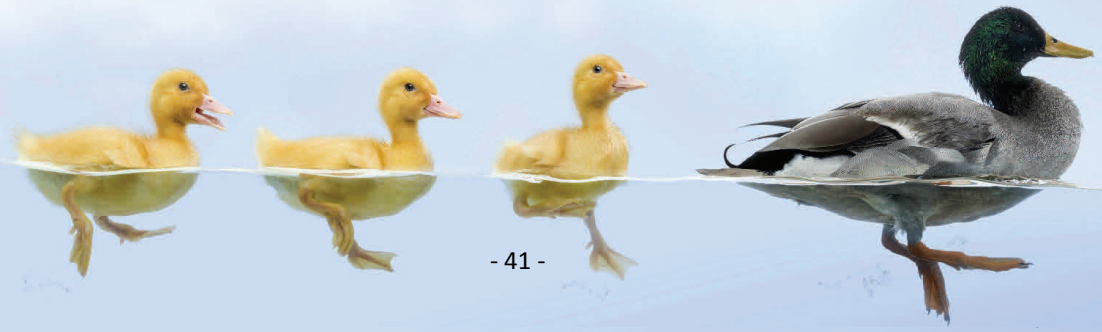
My Child's Personal Information

Special Health Concerns:	Medications:	Allergies:
Doctor/Paediatrician/Specialist:	**Phone #:**	**Address:**
Dentist:	**Phone #:**	**Address:**
Hobbies:	**Interests:**	**Favourite Foods:**
Fears:	**Friends:**	**Friends' Contact Info:**
I have written my child a letter to be sent after my death:	**Location of Letter:**	**Person sending it:**
☐ Yes ☐ No		
Other important information about my child not already covered:		



My Child's Personal Information

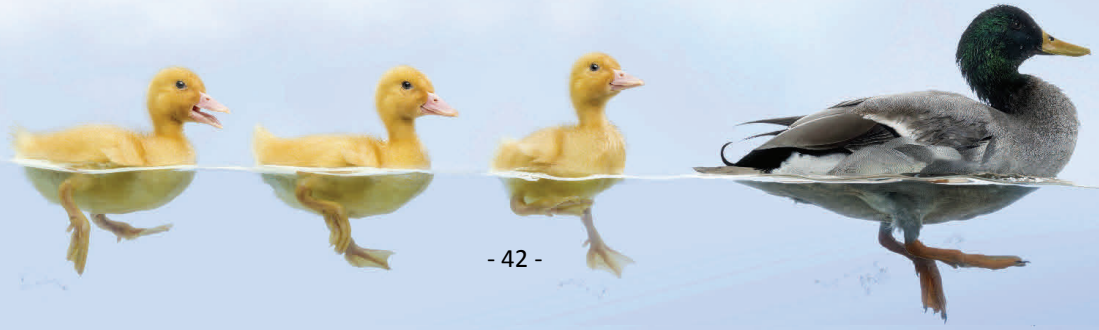
My Child's Legal Name:	Preferred Name:	Date of Birth/Place of Birth:
Social Insurance #:	**Canadian Citizen?:** ☐ Yes ☐ No	**E-mail Address:**
Home Phone #:	**Cell Phone #:**	**Address:**
Other Guardian/Care Provider: (Name and Relationship)	**Phone #:**	**Address:**
Other Guardian/Care Provider: (Name and Relationship)	**Phone #:**	**Address:**
Other Guardian/Care Provider: (Name and Relationship)	**Phone #:**	**Address:**
Location of Identification Papers: (Birth Certificate, Passport, medical reports)		
Name of Financial Institution:	**Phone #:**	**Address:**
Type of Account:	**Account #:**	**Other Account Information:**
Name of Financial Institution:	**Phone #:**	**Address:**
Type of Account:	**Account #:**	**Other Account Information:**



My Child's Personal Information

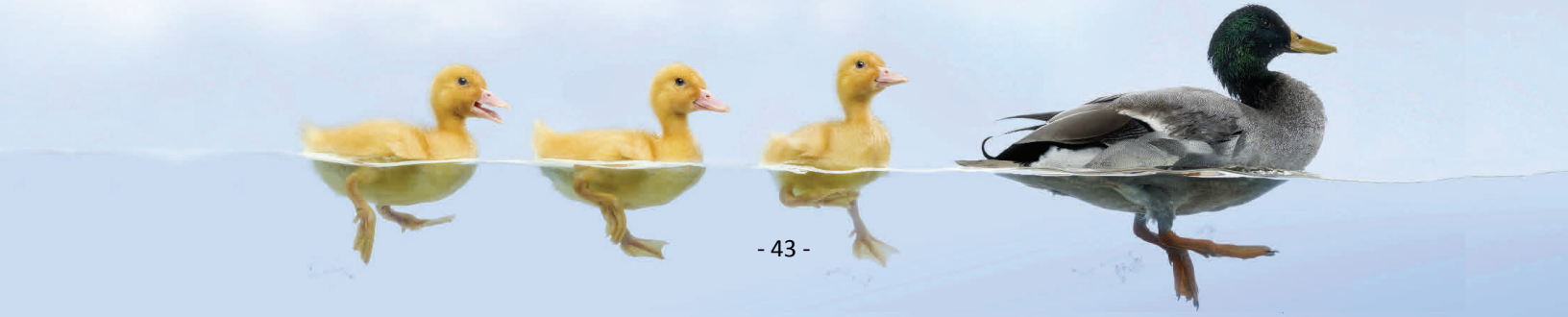
Special Health Concerns:	Medications:	Allergies:
Doctor/Paediatrician/Specialist:	**Phone #:**	**Address:**
Dentist:	**Phone #:**	**Address:**
Hobbies:	**Interests:**	**Favourite Foods:**
Fears:	**Friends:**	**Friends' Contact Info:**
I have written my child a letter to be sent after my death:	**Location of Letter:**	**Person sending it:**
☐ Yes ☐ No		

Other important information about my child not already covered:



My Child's Personal Information

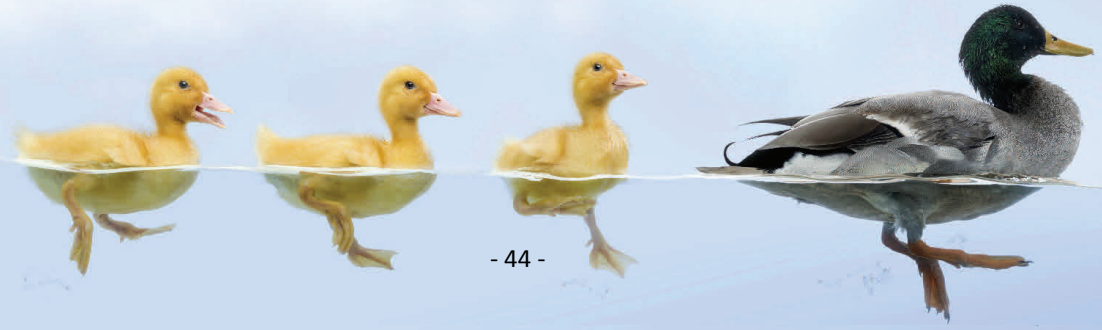
My Child's Legal Name:	Preferred Name:	Date of Birth/Place of Birth:
Social Insurance #:	**Canadian Citizen? ☐Yes ☐No**	**E-mail Address:**
Home Phone #:	**Cell Phone #:**	**Address:**
Other Guardian/Care Provider: (Name and Relationship)	**Phone #:**	**Address:**
Other Guardian/Care Provider: (Name and Relationship)	**Phone #:**	**Address:**
Other Guardian/Care Provider: (Name and Relationship)	**Phone #:**	**Address:**
Location of Identification Papers: (Birth Certificate, Passport, medical reports)		
Name of Financial Institution:	**Phone #:**	**Address:**
Type of Account:	**Account #:**	**Other Account Information:**
Name of Financial Institution:	**Phone #:**	**Address:**
Type of Account:	**Account #:**	**Other Account Information:**



My Child's Personal Information

Special Health Concerns:	Medications:	Allergies:
Doctor/Paediatrician/Specialist:	**Phone #:**	**Address:**
Dentist:	**Phone #:**	**Address:**
Hobbies:	**Interests:**	**Favourite Foods:**
Fears:	**Friends:**	**Friends' Contact Info:**
I have written my child a letter to be sent after my death:	**Location of Letter:**	**Person sending it:**
☐ Yes ☐ No		

Other important information about my child not already covered:



My Child's Personal Information

My Child's Legal Name:	Preferred Name:	Date of Birth/Place of Birth:
Social Insurance #:	**Canadian Citizen: ☐ Yes ☐ No**	**E-mail Address:**
Home Phone #:	**Cell Phone #:**	**Address:**
Other Guardian/Care Provider: (Name and Relationship)	**Phone #:**	**Address:**
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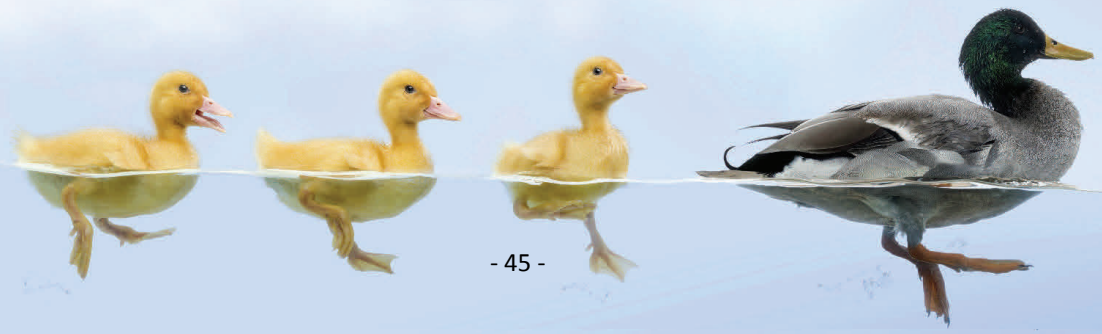
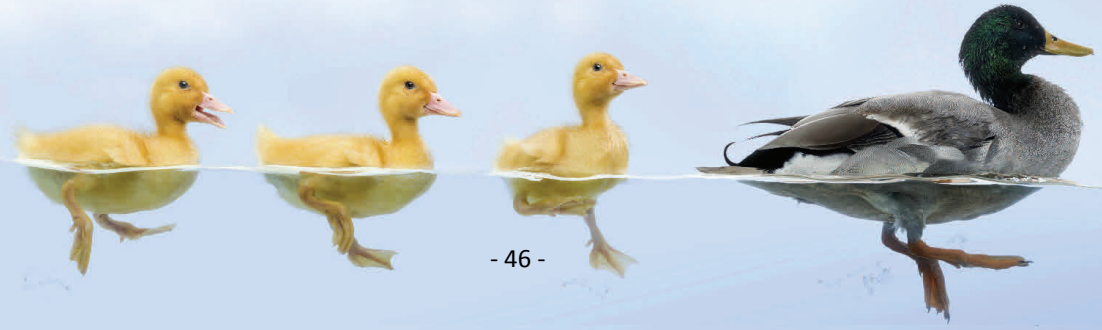
Other Guardian/Care Provider: (Name and Relationship)	**Phone #:**	**Address:**
Location of Identification Papers: (Birth Certificate, Passport, medical reports)		
Name of Financial Institution:	**Phone #:**	**Address:**
Type of Account:	**Account #:**	**Other Account Information:**
Name of Financial Institution:	**Phone #:**	**Address:**
Type of Account:	**Account #:**	**Other Account Information:**



My Child's Personal Information

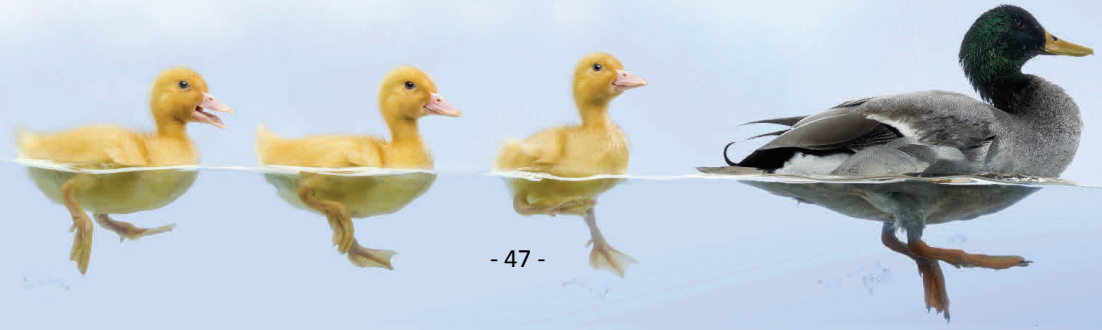
Special Health Concerns:	Medications:	Allergies:
Doctor/Paediatrician/Specialist:	**Phone #:**	**Address:**
Dentist:	**Phone #:**	**Address:**
Hobbies:	**Interests:**	**Favourite Foods:**
Fears:	**Friends:**	**Friends' Contact Info:**
I have written my child a letter to be sent after my death:	**Location of Letter:**	**Person sending it:**
☐ Yes ☐ No		
Other important information about my child not already covered:		



Caring for My Dependents: Personal Information

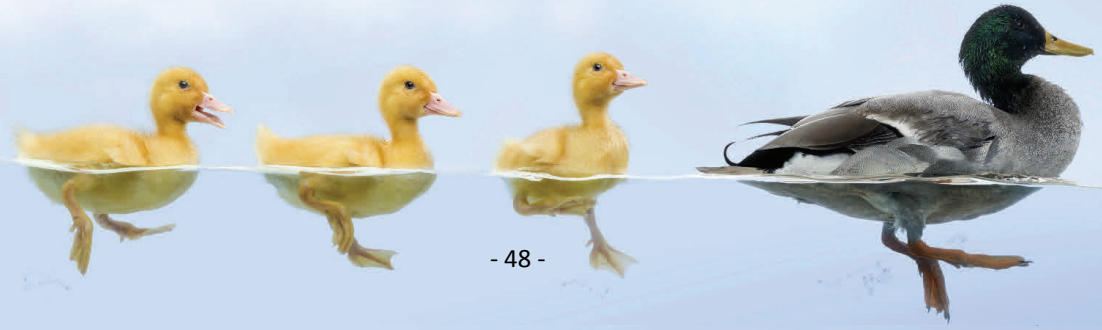
Dependents may include: spouse, family members, friends, or other persons in your care

Legal Name/Relationship to me:	Preferred Name:	Date/Place of Birth:
Social Insurance #:	**Canadian Citizen: ☐Yes ☐No**	**E-mail Address:**
Home Phone #:	**Cell Phone #:**	**Address:**
Family Doctor:	**Phone #:**	**Address:**
Other Care Provider: (Name and Role)	**Phone #:**	**Address:**
Other Care Provider: (Name and Role)	**Phone #:**	**Address:**
Guardian/Relationship to You: (Include if dependent is less than 18 years of age)	**Phone #:**	**Address:**
Location of ID Papers: (Birth Certificate, Passport, medical reports, etc)		
Name of Financial Institution:	**Phone #:**	**Address:**
Type of Account:	**Account #:**	**Other Information:**
Name of Financial Institution:	**Phone:**	**Address:**
Type of Account:	**Account #:**	**Other Information:**



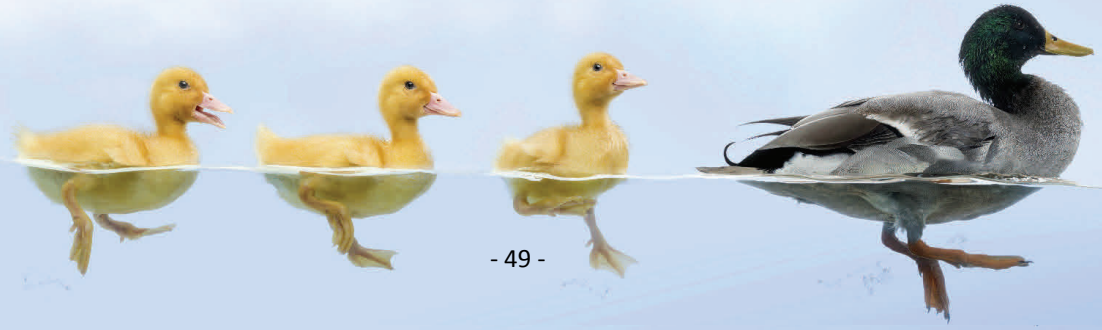
My Dependent's Personal Information

Special Health Concerns:	Medications:	Allergies:
Specialists:	**Phone #:**	**Address:**
Dentist:	**Phone #:**	**Address:**
Hobbies:	**Interests:**	**Favourite Foods:**
Fears:	**Friends:**	**Friends' Contact Info:**
I have written this person a letter to be sent after my death:	**Location of Letter:**	**Person sending it:**
☐ Yes ☐ No		
Other important information about this person not already covered:		



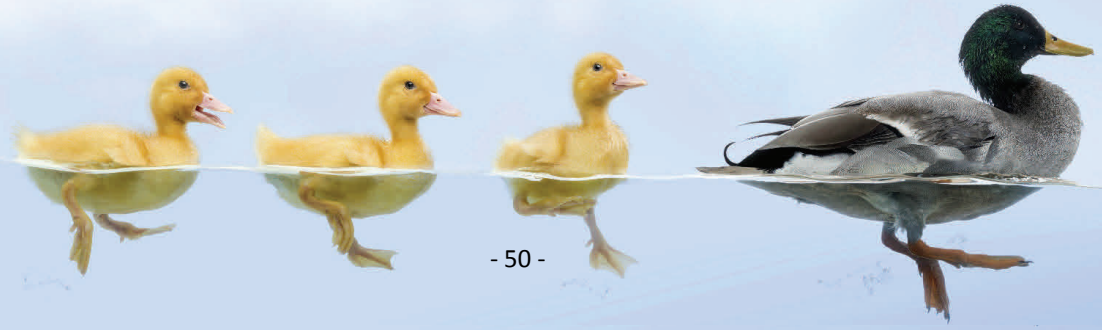
My Dependent's Personal Information

Legal Name/Relationship to me:	Preferred Name:	Date/Place of Birth:
Social Insurance #:	**Canadian Citizen: ☐ Yes ☐ No**	**E-mail Address:**
Home Phone #:	**Cell Phone #:**	**Address:**
Family Doctor:	**Phone #:**	**Address:**
Other Care Provider: (Name and Role)	**Phone #:**	**Address:**
Other Care Provider: (Name and Role)	**Phone #:**	**Address:**
Guardian/Relationship to You: (Include if dependent is less than 18 years of age)	**Phone #:**	**Address:**
Location of ID Papers: (Birth Certificate, Passport, medical reports, etc)		
Name of Financial Institution:	**Phone #:**	**Address:**
Type of Account:	**Account #:**	**Other Information:**
Name of Financial Institution:	**Phone #:**	**Address:**
Type of Account:	**Account #:**	**Other Information:**



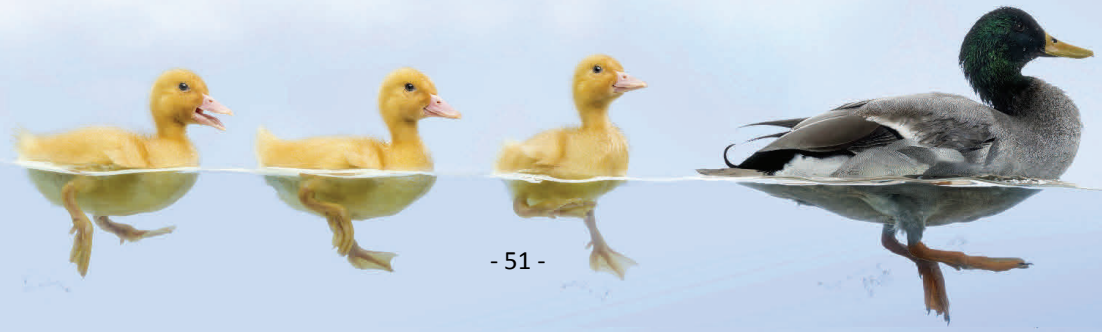
My Dependent's Personal Information

Special Health Concerns:	Medications:	Allergies:
Specialists:	**Phone #:**	**Address:**
Dentist:	**Phone #:**	**Address:**
Hobbies:	**Interests:**	**Favourite Foods:**
Fears:	**Friends:**	**Friends' Contact Info:**
I have written this person a letter to be sent after my death:	**Location of Letter:**	**Person sending it:**
☐ Yes ☐ No		
Other important information about this person not already covered:		



Caring for My Pets:
My Pets Personal Information

My Pets Name and Breed:	Nickname(s):	Date of Birth:
Vet's Name/Clinic:	**Phone #:**	**Address:**
Emergency Vet Contact/Clinic:	**Phone #:**	**Address:**
Microchipped?: ☐ Yes ☐ No	**City License #:**	**License Renewal Date:**
Person who will care for my pet after my death:		
	Phone #:	**Address:**
Pet Insurance?: ☐ Yes ☐ No	**My Pet Insurance Company:**	**My Policy #:**
Company Address:	**Company Phone #:**	**Other Pet Insurance Info:**
Location of Important Papers: (medical reports, licensing, pet insurance, etc.)		
Brand of Food:	**Places I Buy Food:**	**Feeding Instructions:**
Sleeping Preferences:	**Favourite Toys:**	**Favourite Treats:**

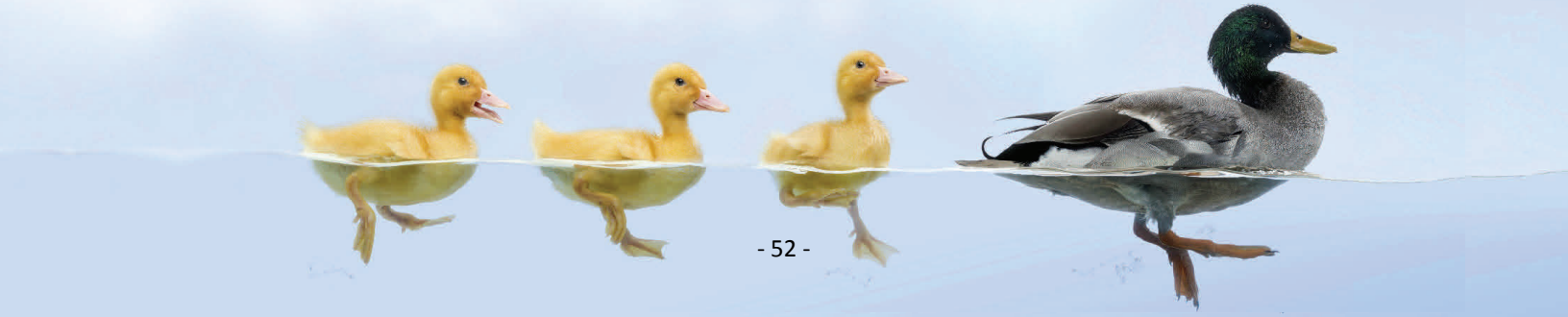


My Pets Personal Information

Special Health Concerns:

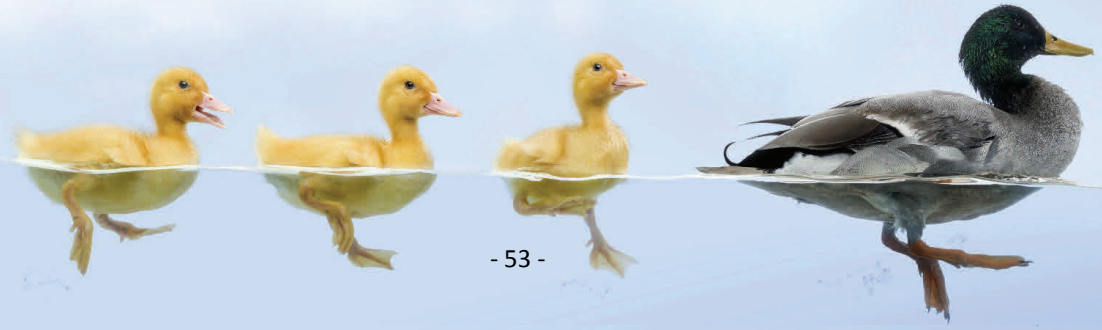
Grooming Instructions:

Other important information about my pet not already covered:



My Pets Personal Information

My Pets Name and Breed:	Nickname(s):	Date of Birth:
Vet's Name/Clinic:	**Phone #:**	**Address:**
Emergency Vet Contact/Clinic:	**Phone #:**	**Address:**
Microchipped?: ☐ Yes ☐ No	**City License #:**	**License Renewal Date:**
Person who will care for my pet after my death:		
	Phone #:	**Address:**
Pet Insurance?: ☐ Yes ☐ No	**My Pet Insurance Company:**	**My Policy #:**
Company Address:	**Company Phone #:**	**Other Pet Insurance Info:**
Location of Important Papers: (medical reports, licensing, pet insurance, etc.)		
Brand of Food:	**Places I Buy Food:**	**Feeding Instructions:**
Sleeping Preferences:	**Favourite Toys:**	**Favourite Treats:**



My Pets Personal Information

Special Health Concerns:
Grooming Instructions:
Other important information about my pet not already covered: