

YOUR PERSONAL & FINANCIAL DIARY

An Aid for Your Family



Louisiana Chapter of Concerns of Police Survivors, Inc.

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➤ This is the personal/financial diary of:

➤ Social Security Number: _____

➤ This diary was last updated: _____

OTHER CONSIDERATIONS

This personal/financial diary was planned with the specific intention of giving law enforcement officers, who serve in a high-risk profession, the opportunity to organize their financial business so their families will have this information in an organized fashion should that officer be killed in the line of duty or die at an early age.

Every day law enforcement officer tend to tedious paperwork which makes a difference in court cases and civil cases, however, they are extremely lax at handling personal paperwork. Each year we hear of families whose officer forgot to up-date his/her beneficiary forms. Imagine finding out after your law enforcement officer spouse has died that you are not listed as the beneficiary on insurance forms! Imagine finding out that although you've been married to this officer for many years, the former spouse is still listed as beneficiary!

This handbook was planned to save as much heartache as possible immediately following the death of a loved one. All planning and preparation in the world, however, won't save a family serious heartache if someone chooses to keep information about their life from family members. Often times after someone dies, family members are shocked to find out there are other children from outside the marriage and other significant others.

To save your spouse or other family members this heartache and torment, it is suggested that you write a letter to be opened upon your death that will tell your family about the issues you felt you could not discuss with them during your lifetime.

Additionally, we recommend that you discuss with your spouse the beneficiary listings you have chosen on various insurance policies. This will help alleviate the family upheavals that seriously affect the grief process when family members doubt that you meant to leave benefits to the people who received those benefits

CONTACT INFORMATION

In the event of death or serious injury, the CONTACT INFORMATION section of this diary is designed to assist agencies in the notification process. All information completed in this section is intended for the use of agencies. Additional space is provided at the end of this diary. If additional space is used, make reference in your diary of the use of additional space.

PERSONAL INFORMATION

OFFICER'S FULL LEGAL

NAME: _____

HOME ADDRESS: _____

SOCIAL SECURITY #: _____ BADGE #: _____

SPOUSE/SIGNIFICANT OTHER

In the event of death or serious injury, the following individual should be contacted first.

MARITAL STATUS: _____ NAME OF SPOUSE: _____

If not married, complete Name and Relationship.

CONTACT NAME: _____ RELATIONSHIP: _____

PHYSICAL ADDRESS: _____

PHONE #: _____ WORK #: _____

CHILDREN

Complete the following section regarding your children. Make sure and indicate where the child resides, whether the child is a minor, and notification procedure. In the event of death or serious injury, clarifying the living arrangements of your children is important for agencies to make proper notifications. Be specific.

CHILD: _____ DOB: _____

CHILD RESIDES WITH: _____

ADDRESS OF CHILD: _____

CHILD: _____ DOB: _____

CHILD RESIDES WITH: _____

ADDRESS OF CHILD: _____

CHILD: _____ DOB: _____

CHILD RESIDES WITH: _____

ADDRESS OF CHILD: _____

CHILD: _____ DOB: _____

CHILD RESIDES WITH: _____

ADDRESS OF CHILD: _____

NOTES: _____

I WOULD LIKE THE FOLLOWING INDIVIDUAL(S) TO MAKE NOTIFICATION TO MY FAMILY:

FAMILY COTACTS

Complete the following information regarding Family Contacts. Family contacts will be used in the event that your first contact cannot be reached. Be sure to note any health concerns or important information in the event the agency has to notify your family.

MOTHER: _____

Day Address: _____

Evening Address: _____

Home Phone: _____ Cell: _____

FATHER: _____

Day Address: _____

Evening Address: _____

Home Phone: _____ Cell: _____

SIBLING: _____

Day Address: _____

Evening Address: _____

Home Phone: _____ Cell: _____

SIBLING: _____

Day Address: _____

Evening Address: _____

Home Phone: _____ Cell: _____

IMPORTANT PERSONAL CONTACTS

Complete the following information regarding Important Personal Contacts. Use the NOTES section for any relevant information the agency may need to know.

NAME: _____ RELATIONSHIP: _____

Day Address: _____

Evening Address: _____

Home Phone: _____ Cell: _____

NAME: _____ RELATIONSHIP: _____

Day Address: _____

Evening Address: _____

Home Phone: _____ Cell: _____

NAME: _____ RELATIONSHIP: _____

Day Address: _____

Evening Address: _____

Home Phone: _____ Cell: _____

CONFIDENTIAL CONTACTS

Complete the following information regarding Confidential Contacts. Confidential Contacts are individuals that others may not be aware of in order to notify. Use the NOTES section for any relevant information the agency may need to be aware of prior to notifying.

NAME: _____ RELATIONSHIP: _____

Day Address: _____

Evening Address: _____

Home Phone: _____ Cell: _____

NOTES: _____

NAME: _____ RELATIONSHIP: _____

Day Address: _____

Evening Address: _____

Home Phone: _____ Cell: _____

NOTES: _____

EXCLUDED CONTACTS

Complete the following information regarding Excluded Contacts. Excluded Contacts are individuals that you prefer NOT to have any part in the notification process.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE #: _____

NOTES: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE #: _____

NOTES: _____

NOTE ANY SPECIAL CIRCUMSTANCES OR IMPORTANT INFORMATION FOR THE AGENCY:

PERSONAL FINANCIAL DIARY

This section of your Personal Financial Diary is intended to assist family with your personal and financial affairs. The sections in your Personal Financial Diary will be provided to your primary contact and/or family in the event of your death or serious injury.

PERSONAL INFORMATION

MY BIRTHDATE: _____

I was born in the Parish/County of: _____

State of: _____ My Birth Certificate Location: _____

Child(ren) Birth Certificate Location: _____

I was married on: _____ to: _____

I was married in the Parish/County of: _____ State of: _____

Children from this marriage: _____

Marriage Certificate location: _____

I was divorced on: _____ from: _____

I was divorced in the Parish/County of: _____ State of: _____

Divorce decree location: _____

PERSONAL DOCUMENTS/LOCATIONS

Complete the following information regarding your personal documents. Include the location to obtain your personal documents. Note any relevant information pertaining to your personal documents in this section.

PSOB Designee Form Filed: ☐ **YES** ☐ **NO** (PSOB forms must be filed with agency)

Copies of tax returns, tax withholding forms, receipts, etc. Location: _____

Trust Fund: _____ Date Established: _____

Trustees Names: _____

Location of Papers: _____

Attorney: _____

Additional Information related to your personal document location: _____

ACCOUNTS AND PASSWORDS

Financial Institutions

(Checking, Savings, Safety Deposit Box, 401K, IRA, Credit Cards)

Account Type	Account Institution	Institution Address & Phone #	Account Number	Password

Personal Accounts

(Email, Social Media, etc.)

Account Type	Address/Log in	Password	Notes

Safe

Personal, gun, etc.	Location	Password	Notes

VEHICLES (Auto, Truck, Trailers, Boats, Jet Skis, RVs, ATVs, etc.)

DESCRIPTION	LICENSE NUMBER	LIEN HOLDER
LIEN HOLDER PHONE #	LOCATION OF TITLE/REGISTRATION	

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INSURANCE POLICIES (Accident, Home, Auto, Life, Health, Umbrella, Etc.)

DESCRIPTION	LICENSE NUMBER	LIEN HOLDER
LIEN HOLDER PHONE #	LOCATION OF TITLE/REGISTRATION	

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LIEN HOLDER PHONE #	LOCATION OF TITLE/REGISTRATION	

WEAPONS

DESCRIPTION	LOCATION	SERIAL NUMBER
DESCRIPTION	LOCATION	SERIAL NUMBER
DESCRIPTION	LOCATION	SERIAL NUMBER
DESCRIPTION	LOCATION	SERIAL NUMBER
DESCRIPTION	LOCATION	SERIAL NUMBER
DESCRIPTION	LOCATION	SERIAL NUMBER
DESCRIPTION	LOCATION	SERIAL NUMBER
DESCRIPTION	LOCATION	SERIAL NUMBER

OTHER PERSONAL PROPERTY

DESCRIPTION	LOCATION	SERIAL NUMBER
DESCRIPTION	LOCATION	SERIAL NUMBER
DESCRIPTION	LOCATION	SERIAL NUMBER
DESCRIPTION	LOCATION	SERIAL NUMBER

MY "LIVING WILL"

Individuals may execute a "living will" that instructs family members and physicians to not take extraordinary steps to continue your life on life-support machines. You should investigate the legality of the "living will" within your state and take steps to execute the "living will" if you do not chose to be kept alive through mechanical means.

☐ **I have not executed a "living will"**

☐ **I have executed a "living will"** (Since copies of living wills may not be acceptable in some

state, an **original, signed** copy of my living will is readily accessible at: _____

MY WILL

Your will should address special requests on how you would like insurance money to be spent, who you would like to have your prized possessions, etc. By providing this information in a will, your wishes can be upheld in court. Otherwise, your primary beneficiary will have total control of your assets/possessions. However, if this information is not included in your will, there is a section in this handbook for that information to be provided.

☐ **I do not have a will.** (Often time's families incur additional emotional, legal and financial burdens when a loved one dies without having executed a will. We strongly suggest this be a task that you address as soon as possible.)

☐ **I have a will.**

Will location: _____ My last will is dated: _____

The Attorney who handled my will is: _____

Law Firm: _____ Phone #: _____

The Executor is: _____

FUNERAL DETAILS

If possible, I would like to be an organ donor: ☐ **YES** ☐ **NO**

I prefer: ☐ **Cremation** ☐ **Interment** ☐ **Entombment**

If cremation, I wish my ashes to be: _____

Service to be held at:

☐ **Funeral Home:** _____

☐ **Church:** _____

Clergyman: _____ Phone #: _____

My choice of cemetery is: _____

☐ **I have purchased a lot** ☐ **I have not purchased a lot**

Lot is in the name of: _____

Section: _____ Lot: _____ Block: _____

I wish to be wearing: ☐ **CLASS A UNIFORM** ☐ **MILITARY UNIFORM**

☐ **SUIT** ☐ **OTHER:** _____

Suggested Pallbearers (not necessary to fill all spaces, just make your wishes known):

_____	_____
_____	_____
_____	_____

I am entitled to Veterans Benefits: ☐ **YES** ☐ **NO**

I am entitled to Military Benefits: ☐ **YES** ☐ **NO**

I would like a "Lodge" Service: ☐ **YES** ☐ **NO** If yes, Lodge services by:

SPECIAL FINAL REQUEST

REQUEST

As stated earlier in this handbook, special final requests should be addressed in one's will so your wishes will be upheld by a court of law. If you have not addressed these special final requests in a will, your primary beneficiary will have total control of your assets/possessions for final disposal. We strongly recommend addressing these issues in your will. If you choose not to, however, complete this section to alleviate your family of the decisions that might need to be made in your behalf.

My Special Final Request:

[illegible]

Signature

Date