## **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* (https://www.gblegalclinic.com/wp-content/uploads/2019/10/Will-kit.pdf) 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:	Email Address:	
	Yes No		
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:	



My Child's Personal Information		
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:
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Special Health Concerns:	Medications:	Allergies:
Dr/Paediatrician/Specialist:	Phone #:	Address:
	740	
Dentist:	Phone #:	Address:
Hobbies:	Interests:	Favourite Foods:
Fears:	Extended	Friends' Contact Info:
rears:	Friends:	Friends' Contact inio:
I have written my child a	Location of Letter:	Person sending it:
letter to be sent after my		
death: ☐ Yes ☐ No  Other important information about my child not already covered:		
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41

My 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 Identificatio	n Papers: (Birth Certificate, Pass	sport, medical reports)
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Info:
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Info:

Don't Duck the Conversation

My Child's Personal Information		
Special Health Concerns:	Medications:	Allergies:
Dr/Paediatrician/	Phone #:	Address:
Specialist:		
Dentist:	Phone #:	Address:
Hobbies:	Interests:	Favourite Foods:
Fears:	Friends:	Friends' Contact Info:
I have written my child a after my	Location of Letter:	Person sending it:
death: 🛚 Yes 🖟 No		
Other important i	information about my child not al	ready covered:

My 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 Identificatio	n Papers: (Birth Certificate, Pass	sport, medical reports)
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Info:
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Info:

My Child's Personal Information		
Special Health Concerns:	Medications:	Allergies:
Dr/Paediatrician/ Specialist:	Phone #:	Address:
Dentist:	Phone #:	Address:
Hobbies:	Interests:	Favourite Foods:
Fears:	Friends:	Friends' Contact Info:
I have written my child a after my death: 🛘 Yes 🖟 No	Location of Letter:	Person sending it:
Other important	information about my child not al	ready covered:

My 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 Identificatio	n Papers: (Birth Certificate, Pass	sport, medical reports)
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Info:
Name of Financial Institution:	Phone #:	Address:
Type of Account:	Account #:	Other Account Info:

My Child's Personal Information		
Special Health Concerns:	Medications:	Allergies:
Dr/Paediatrician/	Phone #:	Address:
Specialist:		
Dentist:	Phone #:	Address:
Hobbies:	Interests:	Favourite Foods:
Fears:	Friends:	Friends' Contact Info:
I have written my child a after my	Location of Letter:	Person sending it:
death: 🛚 Yes 🖟 No		
Other important i	information about my child not al	ready covered:

## **Caring for My Dependents: Personal Information**

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

Legal Name/Relationship to me:	Preferred Name:	Date/Place of Birth:
Social Insurance #:	Canadian Citizen: Yes No	Email Address:
Home Phone #:	Cell Phone #:	Address:
Family Doctor:	Phone #:	Address:
Other Care Provider:  (Name and Role)	Phone #:	Address:
(Name and Role)		
Other Care Provider: (Name and Role)	Phone #:	Address:
(Name and Note)		
Guardian/Relationship to You:	Phone #:	Address:
(Include if dependent is less than 18 years of age)		
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:

Don't Duck the Conversation 48

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	Location of Letter:	Person sending it:
letter to be sent after my death: 🛘 Yes 🖟 No		
Other important info	ormation about this person not al	ready covered: :

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:	Phone #:	Address:
(Name and Role)		T Andrew
Other Care Provider:  (Name and Role)	Phone #:	Address:
	u Alberto	
Guardian/Relationship to You:	Phone #:	Address:
Include if dependent is less than 18 years of age)		
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:	Dhars #	Address:
Name of Financial Institution:	Phone #:	Auuless:
Type of Account:	Account #:	Other Information:

My Dependent's Personal Information		
Special Health Concerns:	Medications:	Allergies:
Specialists:	Phone #:	Address:
		Address:
Dentist:	Phone #:	Favourite Foods:
Hobbies:	1	
Hobbies:	Interests:	
Fears:	Friends:	Friends' Contact Info:
I have written this person a letter to be sent after my	Location of Letter:	Person sending it:
death: ☐ Yes ☐ No		
Other important info	rmation about this person not a	lready covered:

Caring for My Pets: My Pet's Care 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?:	My Pet Insurance Company:	My Policy #:	
🛘 Yes 🖟 No			
Company Address #:	Company Phone #:	Other Pet Insurance Info:	
Location of Important Papers:			
(medical reports, licensing, pet insurance)			
Brand of Food:	Places I Buy Food:	Feeding Instructions:	
Cleaning Dreferences	Favourita Tava	Favourite Treats:	
Sleeping Preferences:	Favourite Toys:	ravounte freats:	

My Pet's Information		
Special Health Concerns:		
Grooming Instructions:		
Other important information about my pet not already covered:		

My Pet's Care 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?:	My Pet Insurance Company:	My Policy #:
🛘 Yes 🖟 No		
Company Address #:	Company Phone #:	Other Pet Insurance Info:
Location of Important Papers: (medical reports, licensing, pet insurance)		
Brand of Food:	Places I Buy Food:	Feeding Instructions:
Sleeping Preferences:	Favourite Toys:	Favourite Treats:

My Pet's Information		
Special Health Concerns:		
Grooming Instructions:		
Other important information about my pet not already covered:		