



## Children and Dependents

Total Number of Dependents \_\_\_\_\_

**ABOUT THIS DOCUMENT:** This document provides a complete list of individuals you have legal guardianship, financial, medical, or otherwise care for. Recipients of this document are asked to assist with the ongoing wellbeing of my dependents. Additional information on continued care may be provided in my Will or Trust.

### My Personal Information

Name (First, Last, Middle Initial)

Phone Number

Email Address



### Dependent

Name (First, Last)	DOB (MM/DD/YY)	Social Security (Last Four)	Relation (Child, Parent)
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### Care Instructions

#### Appointed Guardian (in the event I am unavailable)

Name (First, Last, Middle Initial)

Phone Number

Email Address



### Dependent

Name (First, Last)	DOB (MM/DD/YY)	Social Security (Last Four)	Relation (Child, Parent)
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 **Dependent**

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