

Frequent Flyer Card Name
Frequent Flyer Card Name
Library Card # _____
Gym Membership # _____

Membership Information

Insurance Agent _____ Phone # _____
Insurance Company Phone # _____
Home/Renters Insurance Policy # _____
Home/Renters Insurance Carrier _____

Home/Rental Information

Life Insurance Carrier _____
Carrier Phone # _____

Life Insurance Information

Health Insurance Provider _____
Health Insurance ID # _____
Group _____
Health Insurance Phone # _____

Health Insurance Information

Bank _____ Phone # _____
Checking Account # _____
Savings Account # _____
User Name _____ Password _____

Banking Information

(for additional credit card listings, copy this page and attach)
/ /
Credit Card information last updated on

Number of credit cards currently held _____
Cust. Svc. Phone # _____ Exp. Date _____
Card # _____ Security Code # _____
Credit Card Company Name _____
Name as listed on card _____
Cust. Svc. Phone # _____ Exp. Date _____
Card # _____ Security Code # _____
Credit Card Company Name _____
Name as listed on card _____
Cust. Svc. Phone # _____ Exp. Date _____
Card # _____ Security Code # _____
Credit Card Company Name _____
Name as listed on card _____
Cust. Svc. Phone # _____ Exp. Date _____
Card # _____ Security Code # _____
Credit Card Company Name _____
Name as listed on card _____

Credit Card Information

Motor Vehicle Information

Driver's License # _____ Issuing State _____
Car 1
Vehicle Make _____ Model _____
Year _____ License Plate # _____ VIN _____
Car 2
Vehicle Make _____ Model _____
Year _____ License Plate # _____ VIN _____
Car Insurance Company _____
Car Insurance Policy Number _____
Insurance Agent _____
Carrier Phone # _____
Insurance Agent Phone # _____

Do Not Call (DNC) Registration

Registered for Do Not Call? yes no
Registration Date ____ / ____ / ____
Phone #s - Home _____ Home 2 _____
Cell 1 _____ Cell 2 _____

A Public Service of the
New York State Consumer Protection Board
Advocating for and Empowering NY Consumers
www.nysconsumer.gov ♦ 1-800-697-1220
Store this document in a safe place. Do NOT carry it with you!

PERSONAL IDENTIFICATION DOCUMENTATION CARD
A PUBLIC SERVICE OF THE NYS CONSUMER PROTECTION BOARD

Name _____
Address _____
City, State, Zip _____
E-mail Address _____
User Name _____ Password _____
E-mail Address 2 _____
User Name _____ Password _____

This resource is provided to assist you in documenting your personal information. It is an easy reference in case any of your information is compromised.

CONFIDENTIAL

DO NOT CARRY THIS IN YOUR WALLET!

This card was last updated on: ____ / ____ / ____