

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 # _____
 Health Insurance Phone # _____
 Group _____

Health Insurance Information

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

Banking Information

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

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 Product of the NYS Consumer Protection Board's
 Identity Theft Prevention and Mitigation Program

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!

Dec 2008

PERSONAL IDENTIFICATION DOCUMENTATION CARD
A PRODUCT OF THE NYS CONSUMER PROTECTION BOARD'S IDENTITY THEFT PREVENTION AND MITIGATION PROGRAM

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: ____ / ____ / ____