

SGT Thomas Oliver Ahlberg Memorial Post TH02



Pattaya, Thailand



Phone: 08-2360-3397

Email: admin@pattayapostth02.org

What My Family Should Know

NAME: _____

LAST UPDATED: _____

My Information Sheet

Name: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

Phone Number: _____ Email Address: _____

U.S. Citizen Yes No Naturalized Yes No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Marital Status:

Single Married Divorced Seperated Widowed

Date of Marriage: _____ Place of Marriage: _____

Former Spouse

Name (First-Middle-Maiden): _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Divorce: _____ Place of Divorce: _____

Still Alive ? Yes No Date if Marriage Ended in Death: _____

Military Service

Branch of Service: _____ Date of Inlistment: _____

Place of Inlistment: _____ Retirement Date: _____

Last Unit: _____ Location: _____

Date of Death: _____ Place of Death: _____

Cause of Death: _____

Date of Funeral/Cremation: _____ Location: _____

Fathers Name: _____ Still Alive ? Yes No

Date of Birth: _____ Place of Birth: _____

Mothers Name: _____ Still Alive ? Yes No

Date of Birth: _____ Place of Birth: _____

My Spouse's Information Sheet

Name: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

Phone Number: _____ Email Address: _____

U.S. Citizen Yes No Naturalized Yes No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Marital Status:

Single Married Divorced Seperated Widowed

Date of Marriage: _____ Place of Marriage: _____

Former Spouse

Name (First-Middle-Maiden): _____

Date of Birth: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Divorce: _____ Place of Divorce: _____

Still Alive ? Yes No Date if Marriage Ended in Death: _____

Military Service

Branch of Service: _____ Date of Inlistment: _____

Place of Inlistment: _____ Retirement Date: _____

Last Unit: _____ Location: _____

Date of Death: _____ Place of Death: _____

Cause of Death: _____

Date of Funeral/Cremation: _____ Location: _____

Fathers Name: _____ Still Alive ? Yes No

Date of Birth: _____ Place of Birth: _____

Mothers Name: _____ Still Alive ? Yes No

Date of Birth: _____ Place of Birth: _____

Our Children's Information Sheet

Name: _____ SSN: _____ Status: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Current Address: _____

Phone Numbers: _____ Email Address: _____

U.S. Citizen Yes No Naturalized Yes No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Name: _____ SSN: _____ Status: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Current Address: _____

Phone Numbers: _____ Email Address: _____

U.S. Citizen Yes No Naturalized Yes No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Name: _____ SSN: _____ Status: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Current Address: _____

Phone Numbers: _____ Email Address: _____

U.S. Citizen Yes No Naturalized Yes No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

Name: _____ SSN: _____ Status: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Current Address: _____

Phone Numbers: _____ Email Address: _____

U.S. Citizen Yes No Naturalized Yes No

Date Naturalized: _____ Location: _____

Certificate Number: _____ Application Number: _____

· Documents List ·

DD-214s

แบบฟอร์ม DD-214s

U.S. Military ID Card

บัตรประจำตัวข้าราชการทหารอเมริกัน

U.S. Naturalization Certificate

ใบรับรองสัญชาติอเมริกัน

U.S. Green Card

เอกสารอนุญาตให้อาศัยในสหรัฐอเมริกา

U.S. Social Security Card

บัตรประกันสังคมอเมริกัน

Thai ID Card

บัตรประจำตัวประชาชน

Thai Passport (+ U.S. Passport)

หนังสือเดินทางของประเทศไทยและสหรัฐอเมริกา

Marriage Certificate (+ English)

ใบทะเบียนสมรส(ภาษาอังกฤษ)

Divorce Certificate (+ English) (Both)

กรณีหย่ามาทั้งทะเบียนสมรสและใบหย่า(ภาษาอังกฤษ)

Birth Certificate - Wife (+ English)

ใบเกิดของภรรยา(ภาษาอังกฤษ)

Birth Certificate - Children (+ English)

ใบเกิดของบุตร(ภาษาอังกฤษ)

Adoption Papers

เอกสารการบริจาคให้แก่มูลนิธิต่างๆ

Insurance Documents

เอกสารประกันภัย

Bank Statements / Documents

รายการเงินฝากถอนในบัญชีเงินฝาก

Stocks & Bonds Statements

ใบหุ้นทุนหุ้นกู้หรือพันธบัตร

Retiree Account Statement

รายการเงินฝากถอนในบัญชีเกษียณอายุ

Veterans Affairs (VA) Documents

เอกสารทหารผ่านศึก

Wills / Powers of Attorney

พินัยกรรม/หนังสือมอบอำนาจ

Income Tax Records

เอกสารบันทึกการเสียภาษีเงินได้

Safe Deposit Box

ตู้รับรักษาของธนาคาร

Copies of Deeds / Mortgages

เอกสารโฉนดหรือเอกสารจำนองอสังหาริมทรัพย์

Outstanding Debts

หนี้คงค้างที่ยังต้องชำระ

Association Membership(s)

เป็นสมาชิกของสมาคม

Miscellaneous Information:

Make at least 8 copies of Death Certificate with translation

Make necessary changes to your DEERS Program, Tricare, etc.

Change Social Security & Military retirement payments

Check with VA for entitlements (Grave Marker, Payments, Presidential Memorial Certificate)

Check with VFW about Memorial Service & Casket Flag

Survivor should update appropriate will

Contact Bank(s) as appropriate

Extra Credit/ATM Cards should be destroyed or canceled

Appropriate changes should be made to all joint ownerships

Contact Insurance companies as appropriate

Turn in Military and Dependent ID Card's (Where and when required)

* MAKE EVERY EFFORT TO RETAIN "ORIGINAL" DOCUMENTS

PROVIDE CERTIFIED COPIES WHENEVER POSSIBLE

Bank and Finance Information

Bank #1

Address

Phone No's

Fax

Web Site

Routing No./Swift Code:

Account No.

Owner:

Type of Account:

Account No.

Owner:

Type of Account:

Bank Card:

Card No.

Pin No.

Bank Card:

Card No.

Pin No.

Remarks:

Bank #2

Address

Phone No's

Fax

Web Site

Routing No./Swift Code:

Account No.

Owner:

Type of Account:

Account No.

Owner:

Type of Account:

Bank Card:

Card No.

Pin No.

Bank Card:

Card No.

Pin No.

Remarks:

Bank #3

Address

Phone No's

Fax

Web Site

Routing No./Swift Code:

Account No.

Owner:

Type of Account:

Account No.

Owner:

Type of Account:

Bank Card:

Card No.

Pin No.

Bank Card:

Card No.

Pin No.

Remarks:

Bank and Finance Information

Bank #4 _____
Address _____
Phone No's _____ Fax _____
Web Site _____ Routing No./Swift Code: _____
Account No. _____ Owner: _____ Type of Account: _____
Account No. _____ Owner: _____ Type of Account: _____
Bank Card: _____ Card No. _____ Pin No. _____
Bank Card: _____ Card No. _____ Pin No. _____
Remarks: _____

Bank #5 _____
Address _____
Phone No's _____ Fax _____
Web Site _____ Routing No./Swift Code: _____
Account No. _____ Owner: _____ Type of Account: _____
Account No. _____ Owner: _____ Type of Account: _____
Bank Card: _____ Card No. _____ Pin No. _____
Bank Card: _____ Card No. _____ Pin No. _____
Remarks: _____

Employer _____
Address _____
Phone No's _____ Fax _____
Gross Pay: _____ Net Pay: _____ Taxable Income: _____

Other Sources of Income: (Rental Income, Insurance Premiums, Pension, etc.)

Source: _____ Amount: _____
Source: _____ Amount: _____
Source: _____ Amount: _____

Listing of Outstanding Debts

Creditor: _____	Amount: _____
Creditor: _____	Amount: _____
Creditor: _____	Amount: _____
Creditor: _____	Amount: _____
Creditor: _____	Amount: _____
Creditor: _____	Amount: _____

Military Pay Information

Gross Pay: _____ Net Pay: _____ Taxable Income: _____

Deductions:

Survivors Benefits Costs	_____
Federal Income Tax	_____
State Income Tax	_____
Allotments	_____
Insurance Premiums	_____

Total Deductions:	_____

Military Survivors Befefits Plan (SBP)

Election: _____

Annuity Base Amount: _____

Annuity Amount: _____

Social Security (When Applicable)

Social Security Claim Number: _____

Month Filed _____

Type of Benefit(s): _____

Beginning Date: _____

Amount of Benefits: _____

My Final Wishes

Name: _____ Religious Affiliation: _____

I Prefer: _____ Choice of Cemetery: _____

If Cremated Ashes to be: _____

Musical Selection: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Special Requests: _____

Organ Donation

- I DO NOT want any of my organs donated
- I would like to donate ANY organs needed for transplant
- I would like to donate my body for research
- I would like to donate the following organs for transplant/research:

List Organs: _____

Request an Obituary Yes No

Included the Following: _____

My Spouse's Final Wishes

Name: _____ Religious Affiliation: _____

I Prefer: _____ Choice of Cemetery: _____

If Cremated Ashes to be: _____

Musical Selection: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Requested Pallbearer: _____ Requested Pallbearer: _____

Special Requests: _____

Organ Donation

- I DO NOT want any of my organs donated
- I would like to donate ANY organs needed for transplant
- I would like to donate my body for research
- I would like to donate the following organs for transplant/research:

List Organs: _____

Request an Obituary Yes No

Included the Following: _____

Family Contacts

Name 1: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 2: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 3: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 4: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 5: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 6: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 7: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Name 8: _____ Relationship: _____

Address: _____

Hm Phone _____ Wk Phone _____ Email: _____

Professional Contacts

Doctor: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Clergy: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Attorney: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Broker: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Accountant: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Insurance: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Policy No. _____ Cert. No. _____ Contact: _____

Remarks: _____

Insurance: _____ Website: _____

Address: _____

Phone No. _____ Fax No. _____ Email: _____

Policy No. _____ Cert. No. _____ Contact: _____

Remarks: _____