



CITY OF PALM SPRINGS

Checklist of Important Documents to Include in your Disaster Kit

*For each household member as applicable: Make copies of documents and/or scan documents onto a CD or a flash drive. Store originals in safety deposit box or a fire/waterproof container. Keep copies, CD, flash drive in a fire/waterproof, container in a location that will be easy to grab and go out the door as you evacuate.

Updated on: _____
 Out of State Point of Contact Name: _____
 Out of State Point of Contact Phone Number: _____

| X | DOCUMENT * | | | |
|---|--|---|-----------------|-------------|
| | Copy of Social Security Card for each member of the household | Replacement Social Security card: http://ssa-custhelp.ssa.gov/app/answers/detail/a_id/251/~replace-a-social-security-card-for-an-adult | | |
| | Copy of your State and Federal Tax Returns for the last three (3) years for each household member | Tax year 1: | Tax year 2: | Tax year 3: |
| | Marriage Certificate | State filed in: | | |
| | Divorce Settlement | Date finalized: | State filed in: | |
| | Copy of documents for Child Custody Arrangement | | | |
| | Copy of both sides of your credit cards to give so that you have card and phone numbers for each company | | | |

HOME/RENTAL

| X | DOCUMENT * | | | |
|---|--|---------------------------------|----------------------|--|
| | Picture inventory of the outside and inside of your home, valuables and vehicles | Location of the second copy is: | | |
| | Copy of rental agreement | Landlord's Name: | Contact Information: | |
| | Copy of Title and Deed for Home, Property, Land Lease Agreement | | | |

MEDICAL AND PRESCRIPTIONS

| FAMILY MEMBER NAME | DOCTOR | OFFICE NUMBER | MEDICATIONS | STATE OF BIRTH |
|--------------------|--|-----------------------------|-----------------------------|----------------|
| | Medical: Dental: Eye: | Medical: Dental: Eye: | Medical: Dental: Eye: | |
| | Medical: Dental: Eye: | Medical: Dental: Eye: | Medical: Dental: Eye: | |
| | Medical: Dental: Eye: | Medical: Dental: Eye: | Medical: Dental: Eye: | |
| | Medical: Dental: Eye: | Medical: Dental: Eye: | Medical: Dental: Eye: | |
| | Copy of birth records for each member of the household | | | |
| | Copy of immunization records for each household member | | | |
| | A copy of maintenance prescription medications and eye glasses | | | |

PET

| PET'S NAME | VETERINARIAN NAME | OFFICE PHONE NUMBER | MEDICATIONS | MICROCHIP NUMBER |
|---|-------------------|---------------------|-------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| Photo of you with your pet | | | | |
| Animal registration papers | | | | |
| Copy of Vaccination Record for each pet | | | | |

INSURANCE/TITLE/BANK

| X | DOCUMENT * | AGENT NAME | CONTACT INFORMATION | ACCOUNT/POLICY NUMBER |
|---|---|----------------------|----------------------|-----------------------|
| | Homeowners/ Rental Insurance Policy for each property owned | | | |
| | Umbrella Insurance Policy | | | |
| | Auto Insurance Policy for each vehicle owned | | | |
| | Boat Insurance Policy for each vehicle owned | | | |
| | Life Insurance Policy for each household member | | | |
| | Flood Insurance Policy | | | |
| | Earthquake Insurance Policy | | | |
| | Pet Insurance Policy | | | |
| | Copy of Titles for vehicles | State/License Plate: | State/License Plate: | State/License Plate: |
| | Copy of all bank and brokerage accounts with account and phone numbers | | | |
| | Copy of all medical insurance policies and insurance cards for each household member health/dental/prescription | | | |

OTHER ITEMS

| X | DOCUMENT * |
|---|--|
| | Photo of each household member |
| | School records for each child from previous school year and copy of courses currently enrolled in |
| | Copy of identification pages on your passport |
| | Make a disc of your personal photos |
| | Copy of Driver License for each member of the household |
| | Copy of Will, Living Trust, Durable Power of Attorney, Personal Representative, Guardian and Conservator Appointments for each member of the household as applicable |
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NOTES:
