

Estate Planning – Personal Data

Date: _____

Full Name: _____

Home Address: _____ Home Phone: _____

_____ Cell: _____

Business Address: _____ Work Phone: _____

_____ E-mail: _____

Prefer to be called: _____ Home Phone _____ Cell _____ Work Phone

Prefer correspondence to be sent to: _____ Home address _____ Business address _____ E-mail

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Married: _____ Yes _____ No

If married, complete following for spouse:

Full Name: _____

Business Address: _____ Work Phone: _____

_____ Cell: _____

E-mail: _____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

If presently not married, indicate whether:

_____ never married _____ previously married

If previously married, indicate whether:

_____prior marriage ended in divorce _____prior marriage ended in death of spouse

If spouse was previously married, indicate whether that marriage ended by:

_____death _____divorce

If there are children, complete the following for each child:

Name	Date of Birth	Parents
#1 _____	_____	_____

Child's address, if not living at home: _____

#2 _____	_____	_____
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Child's address, if not living at home: _____

#3 _____	_____	_____
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Child's address, if not living at home: _____

#4 _____	_____	_____
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Child's address, if not living at home: _____

Are you, your spouse, and children citizens of the USA?

_____yes _____no If no, specifics: _____

Do you or your spouse have any children by a previous marriage or any children born outside of marriage? _____yes _____no [if yes, indicate parents' names above]

Does client, spouse or child have any physical, mental, or emotional disability?

_____yes _____no