

CLIENT INFORMATION FORM

Client Information

Today's Date: ___/___/___

Full Name: _____ Date of Birth: ___/___/___

Address: _____

County of Residence: _____ Since: ___/___/___

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Which number should I reach you at? _____

Which number/s should I not call? _____

Private E-mail: _____

U.S. Citizen: Yes No If not, citizen of _____ Veteran: Yes No

Employer: _____ Since: ___/___/___

Previous Employer: _____ Years _____

Previous Employer: _____ Years _____

Post High School Education: _____

MARRIAGE INFORMATION

Spouse's Name: _____ Date of Birth: ___/___/___

Other Name/Nickname: _____

U.S. Citizen: Yes No If not, citizen of _____ Veteran: Yes No

Spouse's Current Address: _____

County of Residence: _____ Since: ___/___/___

Spouse's Attorney: _____ Phone: _____

Name of Firm: _____

Firm Address: _____

Date of Marriage: ___/___/___ City, State of Marriage: _____

Civil or Religious Ceremony? _____ ** Please attach copy of marriage certificate

Do you and your spouse have a pre-nuptial or post-nuptial agreement? Yes No

Spouse's Employer: _____ Since: ___/___/___

Previous Employer: _____ Years _____

Post High School Education: _____

Shared Children Information

If child is adopted, disabled or has unique circumstance, please indicate as such in Notes

Name	City of Residence	DOB	Marital Status	# Children	Notes

- If you have more children, check this box and write information on the back.
 If you have other dependents, check this box and write information on the back.

If anyone in your family is disabled or has special needs, please explain:

PERSONAL HISTORY

Have you been married previously? Yes No

IF YES:

Date of Previous Marriage: ___/___/_____

Name of Former Spouse: _____

Your name during marriage, if different than now: _____

Date of Divorce: ___/___/_____

OR, if spouse is deceased, date of death: ___/___/_____

Are there any children from this previous marriage?

Name: _____ Date of Birth: ___/___/_____

Name: _____ Date of Birth: ___/___/_____

Name: _____ Date of Birth: ___/___/_____

Has your current spouse been married previously? Yes No

If yes, prior spouse: _____

Date of Divorce: ___/___/_____

OR, if spouse is deceased, date of death: ___/___/_____

Did spouse have any children from this previous marriage?

Name: _____ Date of Birth: ___/___/_____

Name: _____ Date of Birth: ___/___/_____

Name: _____ Date of Birth: ___/___/_____

If you or your spouse were married more than once before, please check the box and include this same information on the back of this sheet.

Residential History

Please list the previous three locations you and your spouse have lived:

Parents Information

Is your father still living? Yes No If no, year of death: _____

Is your mother still living? Yes No If no, year of death: _____

If yes, please provide info below.

Father's Name: _____ Date of Birth: ____/____/____

Mother's Name: _____ Date of Birth: ____/____/____

If either of your parents is or was remarried and there is a living spouse:

Mother's Husband: _____ Date of Birth: ____/____/____

Father's Wife: _____ Date of Birth: ____/____/____

Is your spouse's father still living? Yes No If no, year of death: _____

Is your spouse's mother still living? Yes No If no, year of death: _____

If yes, please provide info below.

Father's Name: _____ Date of Birth: ____/____/____

Mother's Name: _____ Date of Birth: ____/____/____

If either of your parents is or was remarried and there is a living spouse:

Mother's Husband: _____ Date of Birth: ____/____/____

Father's Wife: _____ Date of Birth: ____/____/____

If you or your spouse is providing elder care for a parent (or anyone else), please check this box and describe on the back of this sheet.

Sibling Information

Please list siblings with birthdates, City & State of Residence, and marital status:

Your and Your Spouse's Health

Please describe any serious health conditions:

Income

Please list all sources of regular or expected income, with brief explanation and approximate monthly amount.

You: _____

Spouse: _____

Income History: Please describe briefly your income history as well as your spouse's:

Yours: _____

Spouse's: _____

Insurance

Do you have a Life Insurance Policy? Yes No

If yes, please list by name of company, whole or term, beneficiary and amount:

Does your spouse have a Life Insurance Policy? Yes No

If yes, please list by name of company, whole or term, beneficiary and amount:

If you have Long Term Care Insurance, name of company: _____

If spouse has Long Term Care Insurance, name of company: _____

Assets: Business

Do you or your spouse have any interest in any business? Yes No

If yes, name of business(es) and description of interest (use back if necessary):

Assets: Valuable Personal Property

Please list all other property you consider owned by you and/or your spouse NOT including furniture and household items, noting approximate value. Please list all registered vehicles (noting title), as well as any valuables such as artwork, antiques, heirlooms, jewelry, collections, etc.:

Vehicle Description	Year, Make/Model	Approx. Value	Amount Owed

Item Description	Approx. Value		Item Description	Approx. Value

Do you or your spouse expect an inheritance in the next 5-10 years? Yes No

Are you or your spouse the beneficiary of any trust? Yes No

If so, please describe: _____

Liabilities

Please list any significant debts associated with your estate (excluding those listed above), e.g., student loans, personal loans, credit cards, etc. including amounts:

Current Legal Documents

Do you currently have a Will? Yes No If yes, date: ____/____/____

Does your spouse currently have a Will? Yes No If yes, date: ____/____/____

	Date Executed	Individual/s Named
Durable Power of Attorney	_____	_____
Living Will/Health Directive	_____	_____

