

## Family Information

<u>Personal</u>	<u>Husband</u>	<u>Wife</u>
Full legal name	_____	_____
Name to appear on legal documents	_____	_____
Other name used, if any	_____	_____
First Name/Nickname customarily used	_____	_____
Social Security Number	_____	_____
Home Telephone	_____	_____
Home Address	_____	_____
	_____	_____
Occupation	_____	_____
Company/Employer	_____	_____
Business Telephone	_____	_____
Business Address	_____	_____
	_____	_____
E-mail address	_____	_____
Date of Birth	_____	_____
Place of Birth	_____	_____
Citizenship	_____	_____
Date/Place of Marriage	_____	_____
Places of Residence after marriage	_____	_____
Pre- or Post- marital agreement?	<input type="checkbox"/> Yes (please provide)	<input type="checkbox"/> No
Any amendments?	<input type="checkbox"/> Yes (please provide)	<input type="checkbox"/> No
 If any prior marriages, please complete the following:		
Former Spouse's Name	_____	_____
Date/Place of Marriage	_____	_____
Ended by	Death      Divorce	Death      Divorce
Please provide copy of divorce decree and any amendments		
Date of Death or Divorce	_____	_____
Divorce Obligations to previous spouse (if any):	_____	_____
Child Support	_____	_____
Alimony	_____	_____
Life Insurance	_____	_____
Other	_____	_____

**Family Information**

**Parents and Siblings**

**Husband**

**Wife**

Father's name

\_\_\_\_\_

\_\_\_\_\_

Age or year of death

\_\_\_\_\_

\_\_\_\_\_

Mother's name

\_\_\_\_\_

\_\_\_\_\_

Age or year of death

\_\_\_\_\_

\_\_\_\_\_

Address (if living)

\_\_\_\_\_

\_\_\_\_\_

Brother or Sister's name

\_\_\_\_\_

\_\_\_\_\_

Age or year of death

\_\_\_\_\_

\_\_\_\_\_

Address (if living)

\_\_\_\_\_

\_\_\_\_\_

Brother or Sister's name

\_\_\_\_\_

\_\_\_\_\_

Age or year of death

\_\_\_\_\_

\_\_\_\_\_

Address (if living)

\_\_\_\_\_

\_\_\_\_\_

Brother or Sister's name

\_\_\_\_\_

\_\_\_\_\_

Age or year of death

\_\_\_\_\_

\_\_\_\_\_

Address (if living)

\_\_\_\_\_

\_\_\_\_\_

Brother or Sister's name

\_\_\_\_\_

\_\_\_\_\_

Age or year of death

\_\_\_\_\_

\_\_\_\_\_

Address (if living)

\_\_\_\_\_

\_\_\_\_\_

Any inheritances to be received in future?  Yes  No

Yes  No

If yes, amount and from whom:

Are you or any of your children a beneficiary, trustee or grantor of any presently existing trust?

Yes  No

Yes  No

Trust Name\_\_\_\_\_ Trust Name\_\_\_\_\_

\_\_\_\_\_

If yes, please provide a copy.

Have you ever filed Gift Tax Returns?

Yes  No

Yes  No

If yes, please provide a copy.

## Family Information

### Children (and any deceased children)

	<u>Child 1</u>	<u>Child 2</u>
Full name	_____	_____
Name to appear on legal documents	_____	_____
First Name/Nickname customarily used	_____	_____
Social Security Number	_____	_____
If from prior marriage, child's parents names	Mother _____ Father _____	Mother _____ Father _____
Date of Birth	_____	_____
Place of Birth and citizenship	_____	_____
If deceased, age or year of death	_____	_____
Address	_____	_____
	_____	_____
Email Address	_____	_____
Home Phone Number	_____	_____
Occupation	_____	_____
Please describe any special goals, needs or problems this child may have.	_____	_____
	_____	_____
Is child receiving public benefits?	_____	_____
Child's spouse's name	_____	_____
Date and place of marriage	_____	_____
Any prior marriages?	_____	_____
Children of this Child	_____	_____
Grandchild 1 name	_____	_____
Grandchild 1 date of birth	_____	_____
Grandchild 2 name	_____	_____
Grandchild 2 date of birth	_____	_____
Grandchild 3 name	_____	_____
Grandchild 3 date of birth	_____	_____
Grandchild 4 name	_____	_____
Grandchild 4 date of birth	_____	_____

## Family Information

**Children (con't.) - please use additional sheets if more than four children**

	<u>Child 3</u>	<u>Child 4</u>
Full name	_____	_____
Name to appear on legal documents	_____	_____
First Name/Nickname customarily used	_____	_____
Social Security Number	_____	_____
If from prior marriage, child's parents names	Mother _____ Father _____	Mother _____ Father _____
Date of Birth	_____	_____
Place of Birth and citizenship	_____	_____
If deceased, age or year of death	_____	_____
Address	_____	_____
	_____	_____
Email Address	_____	_____
Home Phone Number	_____	_____
Occupation	_____	_____
Please describe any special goals, needs or problems this child may have.	_____	_____
	_____	_____
Is child receiving public benefits?	_____	_____
Child's spouse's name	_____	_____
Date and place of marriage	_____	_____
Any prior marriages?	_____	_____
Children of this Child	_____	_____
Grandchild 1 name	_____	_____
Grandchild 1 date of birth	_____	_____
Grandchild 2 name	_____	_____
Grandchild 2 date of birth	_____	_____
Grandchild 3 name	_____	_____
Grandchild 3 date of birth	_____	_____
Grandchild 4 name	_____	_____
Grandchild 4 date of birth	_____	_____