

General Background Information

Personal Data			
Legal Name	Age	Birthdate	Social Security #
Spouse/Partner	Age	Birthdate	Social Security #
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Prior Marriages: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Marriages Spouse/Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address:		Spouse/Partner Email address:	
Home Address:		City	Zip Code
Home Phone:	Occupation/Salary	Spouse/ Partner Occupation/Salary	
Mobile Phone:		Spouse/Partner Mobile Phone:	
Work Phone:		Spouse/Partner Work Phone:	
Citizenship:		Spouse/Partner Citizenship:	

Children and Dependents					
Legal Name	Age	Relationship	From Prior Marriage?	Financially Dependent?	Special Concerns?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Asset Information

Type of Asset (describe briefly)	Value	Name(s) on Title / Beneficiary
Cash		
Personal Residence		
2 nd Home/Cottage		
Collections		
Checking Account		
Checking Account		
Savings Account		
Savings Account		
Investment Account		
Investment Account		
Investment Account		
Qualified Retirement Account		
Qualified Retirement Account		
Qualified Retirement Account		
Annuity		
Annuity		
Business Ownership		
Business Ownership		
Life Insurance		
Life Insurance		
Other		

Decision-Makers

Who Makes Financial Decisions If You Are Incapacitated?

Your First Choice	Spouse/Partner First Choice
Address of First Choice	Address of First Choice
Your Second Choice	Spouse/Partner Second Choice
Address of Second Choice	Address of Second Choice
Your Third Choice	Spouse/Partner Third Choice
Address of Third Choice	Address of Third Choice

Who Makes Medical Decisions If You Are Incapacitated?

Your First Choice	Spouse/Partner First Choice
Address and All Phone Numbers of First Choice	Address and All Phone Numbers of First Choice
Your Second Choice	Spouse/Partner Second Choice
Address and All Phone Numbers of Second Choice	Address and All Phone Numbers of Second Choice
Your Third Choice	Spouse/Partner Third Choice
Address and All Phone Numbers of Third Choice	Address and All Phone Numbers of Third Choice