

FAMILY INFORMATION

YOU

Full Name _____

Signature Name _____

Birth Date _____

Soc. Security No. _____

Employer _____

Occupation _____

Work Phone _____

U.S. Citizen YES___ NO___

Home Address _____

County _____

City, State, Zip _____

YOUR SPOUSE

Full Name _____

Signature Name _____

Birth Date _____

Soc. Security No. _____

Employer _____

Occupation _____

Work Phone _____

U.S. Citizen YES___ NO___

Date of Marriage _____

Home Phone _____

CHILDREN

PLEASE PROVIDE THE FULL LEGAL NAME OF EACH OF YOUR CHILDREN. USE "J" IF BOTH SPOUSES ARE THE PARENTS, "H" IF HUSBAND IS THE PARENT AND "W" IF WIFE IS THE PARENT.

NAME	PARENT	AGE	BIRTHDAY	MARRIED

LIVING PARENTS - OTHER DEPENDENTS

PLEASE PROVIDE THE NAMES OF YOUR LIVING PARENTS AND ANY OTHER FRIENDS OR RELATIVES WHO ARE DEPENDENTS.

NAME	RELATIONSHIP

If any of your children or dependents are under the age of 18, whom do you wish to name as guardian?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

IMPORTANT FAMILY QUESTIONS	YES	NO
Do any of your children receive governmental support benefits?		
Do you have adopted children?		
Do any of your children have special educational, medical or physical needs?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have you or has your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please forward copies of any such agreements.)		
Have you or has your spouse been widowed? (If a federal estate return or a state death tax return was filed, please forward a copy.)		
Have you and your spouse ever signed a pre- or post-marriage contract? (Please forward copies of any such agreements.)		
Have you or has your spouse ever filed federal or state gift tax returns? (Please forward copies of any such returns.)		
Have you or has your spouse completed a previous will, trust, or estate plan? (Please forward copies of all current estate planning documents.)		
Have you banked any genetic material?		
Do you own or operate a family business?		
Are there any charities or causes which you would like to support?		
Do you have a safe deposit box? If so, where?		

If you have answered “YES” to any of these questions or have any SPECIAL concerns, please share any details which you think would be helpful.

MEDICAL INSTRUCTIONS:

If you were unable to make medical decisions for yourself, who would you want to make decisions for you with regard to medical treatment?

FOR HUSBAND: (In order of preference)

Name

Address (Street, City, State)

1st

2nd

FOR WIFE: (In order of preference)

Name

Address (Street, City, State)

1st

2nd
