

## PERSONAL INFORMATION WORKSHEET

Date: \_\_\_\_\_

Please complete the information below and bring this form with you to your appointment.

### YOUR INFORMATION

FULL LEGAL NAME: \_\_\_\_\_

PREFERRED TO BE CALLED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### SPOUSE'S INFORMATION

FULL LEGAL NAME: \_\_\_\_\_

PREFERRED TO BE CALLED: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

If your spouse predeceased you, please give the date of death for your spouse:

\_\_\_\_\_

HOW DID YOU HEAR ABOUT US: \_\_\_\_\_

\_\_\_\_\_

## **CHILDREN**

**PLEASE LIST THE FULL LEGAL NAMES (INCLUDING MIDDLE NAMES) OF ALL YOUR CHILDREN:**

1. **FULL NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**SOCIAL SECURITY NUMBER:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**E-MAIL** \_\_\_\_\_

**PLEASE INDICATE YOUR RELATIONSHIP TO CHILD:**

\_\_\_\_ My child only    \_\_\_\_ Spouse's child only    \_\_\_\_ Our child together

2. **FULL NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**SOCIAL SECURITY NUMBER:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**E-MAIL** \_\_\_\_\_

**PLEASE INDICATE YOUR RELATIONSHIP TO CHILD:**

\_\_\_\_ My child only    \_\_\_\_ Spouse's child only    \_\_\_\_ Our child together

3. **FULL NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**SOCIAL SECURITY NUMBER:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**E-MAIL** \_\_\_\_\_

**PLEASE INDICATE YOUR RELATIONSHIP TO CHILD:**

\_\_\_\_ My child only    \_\_\_\_ Spouse's child only    \_\_\_\_ Our child together

4. FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
PLEASE INDICATE YOUR RELATIONSHIP TO CHILD:  
\_\_\_\_ My child only \_\_\_\_ Spouse's child only \_\_\_\_ Our child together

5. FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
PLEASE INDICATE YOUR RELATIONSHIP TO CHILD:  
\_\_\_\_ My child only \_\_\_\_ Spouse's child only \_\_\_\_ Our child together

6. FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
PLEASE INDICATE YOUR RELATIONSHIP TO CHILD:  
\_\_\_\_ My child only \_\_\_\_ Spouse's child only \_\_\_\_ Our child together

## **SUCCESSORS TRUSTEES AND AGENTS**

**PLEASE LIST THE FULL NAMES (INCLUDING MIDDLE INITIAL) OF THE PERSON(S) YOU WISH TO HANDLE YOUR AFFAIRS AT YOUR DISABILITY OR DEATH:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **GUARDIANS**

**IF YOU HAVE MINOR CHILDREN, PLEASE LIST THE FULL NAMES (INCLUDING MIDDLE INITIAL) OF THE PERSON(S) YOU WISH TO BE THE GUARDIAN(S) OF YOUR MINOR CHILDREN WHEN YOU PASS AWAY:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **HEALTHCARE AGENT**

**PLEASE LIST THE FULL NAMES (INCLUDING MIDDLE INITIAL) OF THE PERSON(S) YOU WISH TO MAKE END OF LIFE HEALTHCARE DECISIONS ON YOUR BEHALF WHEN YOU ARE TERMINALLY ILL AND THERE IS NO REASONABLE EXPECTATION OF RECOVERY:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **BENEFICIARIES**

**PLEASE LIST THE FULL LEGAL NAMES (INCLUDING MIDDLE NAMES) OF YOUR BENEFICIARIES AND HOW YOU WISH TO DIVIDE YOUR ASSETS AT YOUR PASSING:**

1.   **NAME:** \_\_\_\_\_  
      **ADDRESS:** \_\_\_\_\_  
      **PHONE:** \_\_\_\_\_  
      **E-MAIL:** \_\_\_\_\_  
      **SOCIAL SECURITY #:** \_\_\_\_\_  
      **% DISTRIBUTION:** \_\_\_\_\_
  
2.   **NAME:** \_\_\_\_\_  
      **ADDRESS:** \_\_\_\_\_  
      **PHONE:** \_\_\_\_\_  
      **E-MAIL:** \_\_\_\_\_  
      **SOCIAL SECURITY #:** \_\_\_\_\_  
      **% DISTRIBUTION:** \_\_\_\_\_
  
3.   **NAME:** \_\_\_\_\_  
      **ADDRESS:** \_\_\_\_\_  
      **PHONE:** \_\_\_\_\_  
      **E-MAIL:** \_\_\_\_\_  
      **SOCIAL SECURITY #:** \_\_\_\_\_  
      **% DISTRIBUTION:** \_\_\_\_\_
  
4.   **NAME:** \_\_\_\_\_  
      **ADDRESS:** \_\_\_\_\_  
      **PHONE:** \_\_\_\_\_  
      **E-MAIL:** \_\_\_\_\_  
      **SOCIAL SECURITY #:** \_\_\_\_\_  
      **% DISTRIBUTION:** \_\_\_\_\_

**NAME OF ENTITY**

HAVE YOU ALREADY INCORPORATED YOUR ENTITY? YES\_\_\_\_\_ NO\_\_\_\_\_

IF YES, PLEASE STATE THE NAME OF YOUR CORPORATE ENTITY:

\_\_\_\_\_

IF NO, PLEASE LIST THREE (3) POSSIBLE NAMES FOR YOUR ENTITY:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**OWNERS**

PLEASE STATE THE NAMES OF ALL PERSONS WHO WILL BE A SHAREHOLDER IN YOUR ENTITY:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ACCOUNTANT**

DO YOU CURRENTLY HAVE AN ACCOUNTANT? YES\_\_\_\_\_ NO\_\_\_\_\_

NAME OF ACCOUNTANT: \_\_\_\_\_

ACCOUNTANT'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ACCOUNTANT'S PHONE NUMBER: \_\_\_\_\_