

Today's Date: \_\_\_\_\_

## People Involved

The following information is very important. Please complete this form as thoroughly as possible. **If you need more room, feel free to use the back.** When filling in the names of the people involved, please provide us with their **full legal names** and, if appropriate, their pronouns.

### I. Personal Information

**Your Name:** \_\_\_\_\_  
*(First, Middle, Last)*

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

U.S. Citizen?  Yes  No      Email Address: \_\_\_\_\_

**Spouse**     **Significant Other / Partner**

**Name:** \_\_\_\_\_  
*(First, Middle, Last)*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

U.S. Citizen?  Yes  No      Email Address: \_\_\_\_\_

### II. Subject(s) of the Appointment *(if different from above)*

**Your Name:** \_\_\_\_\_  
*(First, Middle, Last)*

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

U.S. Citizen?  Yes  No      Email Address: \_\_\_\_\_

**Spouse**     **Significant Other / Partner**

**Name:** \_\_\_\_\_  
*(First, Middle, Last)*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

U.S. Citizen?  Yes  No      Email Address: \_\_\_\_\_

### III. People Attending Appointment

Please provide us with names of the people attending the first appointment and their relationship to the subject(s).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(First, Middle, Last)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(First, Middle, Last)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(First, Middle, Last)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(First, Middle, Last)*

### IV. Children

Please provide us with information regarding the children (if any) of the subjects(s) of the appointment.

1. Name: \_\_\_\_\_  
*(First, Middle, Last)*

Child of  Both  Myself  Spouse/Partner/Significant Other Name: \_\_\_\_\_  
Does the child have children? Yes No

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_  
*(First, Middle, Last)*

Child of  Both  Myself  Spouse/Partner/Significant Other Name: \_\_\_\_\_  
Does the child have children? Yes No

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_  
*(First, Middle, Last)*

Child of  Both  Myself  Spouse/Partner/Significant Other Name: \_\_\_\_\_  
Does the child have children? Yes No

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Name: \_\_\_\_\_  
*(First, Middle, Last)*

Child of  Both  Myself  Spouse/Partner/Significant Other Name: \_\_\_\_\_  
Does the child have children? Yes No

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

## V. Deceased Children

Please provide us with information regarding the deceased children (if any) of the subject(s) of the appointment.

1. Name: \_\_\_\_\_

Child of  Both  Myself  Spouse/Partner/Significant Other Name: \_\_\_\_\_

Is this person survived by children?  Yes  No Number of Children: \_\_\_\_\_

2. Name: \_\_\_\_\_

Child of  Both  Myself  Spouse/Partner/Significant Other Name: \_\_\_\_\_

Is this person survived by children?  Yes  No Number of Children: \_\_\_\_\_

3. Name: \_\_\_\_\_

Child of  Both  Myself  Spouse/Partner/Significant Other Name: \_\_\_\_\_

Is this person survived by children?  Yes  No Number of Children: \_\_\_\_\_

## VI. Other Significant People

If there are other people you would like us to know about (siblings, relatives, friends, financial planners, accountants, etc.) please provide us with their names and phone numbers. If you expect any of these people to play a significant role in the planning we do, please also provide us with their contact information.

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Information: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Information: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Information: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Information: \_\_\_\_\_