

APPENDIX A
Confidential Information Form
of

Date: _____

PERSONAL INFORMATION

	Name	Date of Birth	Address	SSN
Husband	_____	_____	_____	_____
Wife	_____	_____	_____	_____
Children	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Parents	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Clients' Marital Status (check proper one):

- MARRIED**
 SINGLE
 WIDOWED
 DIVORCED
 SEPARATED

(If divorced or separated at any time, please send in copy of any divorce decree and separation agreement.)

Occupation:

	Position	Employer
HUSBAND	_____	_____
WIFE	_____	_____

Existing Wills

	Date	Location
HUSBAND	_____	_____

SAMPLE