

CLIENT INFORMATION SHEET

(Pre-Marital)

DATE: _____

1. Client:

 FULL LEGAL NAME - First Middle Last

Maiden Name: _____

Current Address: _____

Do you wish to receive mail at your current address? Yes or No. If not, please put address where you would like it to be sent.

Mailing Address: _____

Home Phone: _____

Work Phone: _____

FAX Number: _____

Car Phone: _____

E-Mail address: _____

Social Security No.: _____

Driver's License No.: _____

DOB: _____ Age: _____ Race: _____

Place of Birth-City, State: _____

Employer Name and Address: _____

Automobile (Make & Model): _____

Name & Address of Lender: _____

2. Spouse To Be: _____
FULL LEGAL NAME - First Middle Last

Maiden Name: _____

Current Address: _____

Home Phone: _____

Work Phone: _____

FAX Number: _____

Car Phone: _____

Social Security No.: _____

Driver's License No.: _____

DOB: _____ Age: _____ State of Birth: _____ Race: _____

Place of Birth - City, State: _____

Height/Weight/Hair Clr/Eye Clr: _____

Employer Name and Address: _____

Automobile (Make & Model):

Name & Address of Lender:

3. Planned Date of Marriage: _____