

BIOGRAPHICAL QUESTIONNAIRE

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Personal Information:

Full name			
Nickname			
Home address		County of residence	
Home phone		Home Fax	
Mobile phone			
Home email address			
Birth Date		Place of birth (city, county & state)	

Personal Information of Spouse:

Full name			
Nickname			
Mobile phone			
Home email address			
Birth Date		Place of birth (city, county & state)	
Social Security #			
Date of Marriage		Place of Marriage (city, county & state)	

Business Information

Company			
Business Address			
Occupation			
Business phone		Business Fax	
E-mail address			

Business Information of Spouse:

Company			
Business Address			
Occupation			
Business phone		Business Fax	
E-mail address			

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Family Information:

Parents of Client		Date of Birth:		Date of Death:	
		Date of Birth:		Date of Death:	
Parents of Spouse		Date of Birth:		Date of Death:	
		Date of Birth:		Date of Death:	
Names of Siblings	Client:				
	Spouse:				
Comments					
Expected gifts or inheritance (please describe from whom, kind of property and estimated value)					