

Confidential Client Data NEW CLIENT PROFILE

Date: _____

Client

Spouse (if married)

Full (legal) name _____

Name as you want it on legal documents _____

U.S. citizen? Yes No Yes No

Birth date _____

Cell phone _____

Work phone _____

Home phone _____

Home address

Street Address
City
State
Zip

Mailing addr. (if different)

Street Address or P.O. Box
City
State
Zip

Email address www._____ Home/work fax _____

(If married) Is there a pre- or post-marital agreement of any kind? Yes No

Please describe any prior estate planning: _____

Children / Stepchildren Information

Child's full name	Child's birth date	Child's parent(s) (check one)*			Name of child's spouse (if married)
		B	C	S	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					

*Complete this column only if married. **B** = Both client and spouse are parents, **C** = Client only, **S** = Spouse only

Is there a child or stepchild who (a) is adopted or (b) has a disability or special needs? Yes No

If "Yes", please explain: _____