
Agnew Law Office, P.C.

An Estate Planning Law Firm

ESTATE PLANNING PERSONAL INFORMATION

CONFIDENTIAL
COVERED BY ATTORNEY-CLIENT PRIVILEGE

BACKGROUND INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Preferred Name _____

Birth Date _____

Soc. Sec. # _____

Status Single Widow/Widower Divorced Civil Union

RESIDENCE:

Street _____

City _____ State _____

Home Phone _____ Zip Code _____

Cell Phone _____ E-mail _____

CHILDREN:

CHILD #1

Name:	
Birth Date:	Age:

CHILD #2

Name:	
Birth Date:	Age:

CHILD #3

Name:	
Birth Date:	Age:

CHILD #4

Name:	
Birth Date:	Age:

CHILD #5

Name:	
Birth Date:	Age:

CHILD #6

Name:	
Birth Date:	Age: