
Agnew Law Office, P.C.

A Family Estate Planning Law Firm

ESTATE PLANNING PERSONAL INFORMATION

CONFIDENTIAL
COVERED BY ATTORNEY-CLIENT PRIVILEGE

BACKGROUND INFORMATION:

	Husband	Wife
First Name		
Middle Name		
Last Name		
Preferred Name		
Birth Date		
Soc. Sec. #		

RESIDENCE:

Street			
City	State, County		
Home Phone	Zip Code		
Husband Cell	Wife Cell		
Husband Email	Wife Email		

CHILDREN (and Grandchildren):

CHILD #1

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
Grandchildren (If Applicable)	①		
	②		
	③		

CHILD #2

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
Grandchildren (If Applicable)	①		
	②		
	③		

CHILD #3

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
Grandchildren (If Applicable)	①		
	②		
	③		

CHILD #4

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
Grandchildren (If Applicable)	①		
	②		
	③		

CHILD #5

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
Grandchildren (If Applicable)	①		
	②		
	③		

CHILD #6

Name:			
Birth Date:		Age:	
Parent(s):	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both		
Grandchildren (If Applicable)	①		
	②		
	③		