

CHILDREN AND OTHER RELATIVES

LIVING CHILDREN AND GRANDCHILDREN

Please note that children of your present marriage are listed first. Children of prior marriage(s), whether of yourself or your spouse, are listed separately. In all cases, please provide the following information:

If the child is not living with you, the child's address.

If the child is married, list the name of the child's spouse and the names of their children, if any.

If you have children from a prior marriage, indicate with whom the child resides if not with you.

If any of your children are adopted, list the date of adoption and the location of documents.

If any child has special needs because of developmental, physical or mental disability, please indicate here, and separately list information regarding doctors, guardians and other pertinent data.

Children of Existing Marriage:

1. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

2. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

3. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

Children of Prior Marriage(s):

You:

1. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

2. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

Children of Your Spouse:

1. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

2. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

DECEASED CHILDREN

You:

Child's Full Name: _____

Date of death: _____

Spouse's Name: _____

Address: _____

Any living issue of this child? Yes No

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

Your Spouse:

Child's Full Name: _____

Date of death: _____

Spouse's Name: _____

Address: _____

Any living issue of this child? Yes No

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

PEOPLE RAISED BY YOU

Are there people you and/or your spouse have raised as children who are not legally your children? (Note: An adopted child is legally your child.) If so, please list.

1. Full name: _____
 Address: _____

Gender: Male Female

Date of birth: _____

Legal relationship: _____

For purposes of your Will and/or Trust, do you wish this person to be considered your child?

Yes No

2. Full name: _____
 Address: _____

Gender: Male Female

Date of birth: _____

Legal relationship: _____

For purposes of your Will and/or Trust, do you wish this person to be considered your child?

Yes No

OTHER FAMILY MEMBERS

List other members of your family who are closest in relationship to you (i.e., parents, siblings). If any are dependent upon you for support, please specify.

If you have friends that you consider as close as family members, include them here.

You:

1. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

2. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

3. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

Your Spouse:

1. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

2. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

3. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

FURRY, SCALEY AND FEATHERY FAMILY MEMBERS

List other members of your family who FURRY, SCALEY and FEATHERY, THEN COMPLETE A Pet Information Sheet (courtesy of the Estate Planning for Pets Foundation) – Pet information sheets are provided on your request. ADD TO PET INFORMATION SHEET LIST AND DATES OF ALL SHOTS AND VACCINATIONS AND THE MICROCHIP IDENTIFIER, if any.

Pet Form Done	Name	Species/Breed	Coloring	Male/Female/Cut	Age
Yes No	_____	_____	_____	_____	_____
Yes No	_____	_____	_____	_____	_____
Yes No	_____	_____	_____	_____	_____
Yes No	_____	_____	_____	_____	_____
Yes No	_____	_____	_____	_____	_____
Yes No	_____	_____	_____	_____	_____
Yes No	_____	_____	_____	_____	_____
Yes No	_____	_____	_____	_____	_____
Yes No	_____	_____	_____	_____	_____
Yes No	_____	_____	_____	_____	_____
Yes No	_____	_____	_____	_____	_____
Yes No	_____	_____	_____	_____	_____