

Part 2. - Your Personal Information

Personal Information			
Your Name:		U.S. Citizen	Yes No
Address:		Date of Birth:	
		Social Security Number:	
City:	State:	Zip:	
Where do you presently live, if different than address above?			
How long have you lived at your present address?			
How long did you live at former address, if applicable?			
Birth State and County			
Have you ever lived in a community property state?		Yes	No
If yes, what state?			
Do you have a known future residence address? Yes/No			
If yes, list address:			
Education level			
Describe your physical condition and any health problems you may have.			
Describe any emotional problems you may have.			
Employment			
Where are you employed?			
Position			
Address	City	State	Zip
Phone	Fax		
How long employed at present employer?			
Previous employer:		Position:	
Address	City	State	Zip
Education			
Educational Level		Degrees	

Part 3. - Spouse Personal Information

Personal Information – Spouse			
Spouse Name:		U.S. Citizen	Yes No
Address:		Date of Birth:	
		Social Security Number:	
City:	State	Zip	
Where does spouse presently live, if different than address above?			