

MATRIMONIAL CONSULTATION FORM  
THERE ARE THREE PAGES TO THIS DOCUMENT  
PLEASE COMPLETE ALL THREE PAGES

Date \_\_\_\_\_ Referred by \_\_\_\_\_

Your **FULL LEGAL NAME** \_\_\_\_\_

Nickname (if any) \_\_\_\_\_

Street Address \_\_\_\_\_

Town City, Village (Please Circle One) \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MAILING ADDRESS IF DIFFERENT THAN ABOVE ADDRESS**

Street Address \_\_\_\_\_

Town City, Village (Please Circle One) \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address (if any) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Education \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Income: Gross \_\_\_\_\_ Net \_\_\_\_\_

Insurance: \_\_\_\_\_

Group Health Plan: \_\_\_\_\_

Address: \_\_\_\_\_

ID Number: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Previously married: Yes \_\_\_\_\_ No \_\_\_\_\_

If previously married, how many ended by death: \_\_\_\_\_ Divorce or Annulled: \_\_\_\_\_

CONTINUE -->

Other Party's **FULL** Legal Name: \_\_\_\_\_

Nickname (if any) \_\_\_\_\_

Street Address \_\_\_\_\_

Town City, Village (Please Circle One) \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MAILING ADDRESS IF DIFFERENT THAN ABOVE ADDRESS**

Street Address \_\_\_\_\_

Town City, Village (Please Circle One) \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address (if any) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Education \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Income: Gross \_\_\_\_\_ Net \_\_\_\_\_

Insurance: \_\_\_\_\_

Group Health Plan: \_\_\_\_\_

Address: \_\_\_\_\_

ID Number: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Previously married: Yes \_\_\_\_\_ No \_\_\_\_\_

If previously married, how many ended by death: \_\_\_ Divorce or Annulled: \_\_\_

CONTINUE -->

Maiden Name \_\_\_\_\_

Date Married \_\_\_\_\_

Place of Marriage (City, County & State) \_\_\_\_\_

Date of Separation (if applicable) \_\_\_\_\_

Marital Residence is occupied by: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Both) \_\_\_\_\_

Children of Prior Marriages: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide number of children for (Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

Children:

<u>Name</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prior Residences of Children for Past Five (5) Years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_