INDIVIDUAL PRELIMINARY INFORMATION

Date Questionnaire Completed:

Full Legal Name:				(Jr., Sr., III?)
Name you prefer to be called:	Title:	Mr.	Mrs.	Ms. Dr.
Date of Birth:	☐ Married	☐ Single	☐ Widow/Widower	

Home Address:	
City: ⎸ State: ⎸ Zip:	
County of Residence:	Home Phone:
Cell Phone:	Best place to reach you:
Send mail where? ☐ Home ☐ Office ☐ Other: What type of Identification will you provide? _____	
Email (Primary):	(CC):
How did you hear about us? ☐ Other _____ ☐ Internet ☐ Referred by: _____	

Who do you want to name as agent(s) on your **Durable Power of Attorney**?
(A durable power of attorney gives the person(s) named the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.

1st Agent	Name: _____ Relation: _____	Address: _____ _____
2nd Agent	Name: _____ Relation: _____	Address: _____ _____
3rd Agent	Name: _____ Relation: _____	Address: _____ _____

Who do you want to name as your **Health Care Surrogate**?

1st Agent	Name: _____ Phone: _____	Address: _____ _____
2nd Agent	Name: _____ Phone: _____	Address: _____ _____
3rd Agent	Name: _____ Phone: _____	Address: _____ _____