

# Will Intake Sheet

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parish: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_ D/O/B: \_\_\_\_\_

Married  Divorced  Widowed Email: \_\_\_\_\_

	<u>Date of Birth</u>	<u>Parish / State of Residence</u>
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Children: _____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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\*\* Please use reverse side of form if necessary

Please list any adopted children: \_\_\_\_\_

Please list any children or grandchildren that are mentally or physically incapacitated:

Please check if you have any of the following:

Life Insurance  IRA  Annuity  Savings Bonds

Is any person, other than your spouse, listed on your checking account?  Yes  No

Please check if you have any of the following:

Durable Power of Attorney  Living Will  Health Care Proxy

Check your desired last wishes:

Burial  Cremation

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*THANK YOU FOR THE CONFIDENCE YOU HAVE SHOWN OUR FIRM IN  
SELECTING US TO SERVE YOUR LEGAL NEEDS. WE LOOK FORWARD TO  
PROVIDING YOU WITH PERSONAL, ATTENTIVE SERVICE.*