

Family Relations Questionnaire

DATE: _____

Full Name: _____

Home Address: _____

City: _____ Postal Code: _____

Telephone number (home) _____ (work) _____

Date of birth: _____ Place of Birth: _____

Social Insurance Number: _____

How long have you been living in British Columbia? _____

SPOUSE'S INFORMATION

Full Name: _____

Home Address: _____

City: _____ Postal Code: _____

Telephone number (home) _____ (work) _____

Date of birth: _____ Place of Birth: _____

Social Insurance Number: _____

How long has he/she been living in British Columbia? _____

MARRIAGE INFORMATION

Date of Marriage: _____ Place of Marriage: _____

Commenced Co-habitation: _____

Wife's surname before marriage: _____

Wife's maiden name: _____

Former name of husband: _____

Marital status at time of marriage: Wife: _____ Husband: _____

Is there a Prenuptial Agreement? _____

Is there a Co-habitation Agreement? _____

Are you and your spouse living together now? _____

Date of Separation: _____

Is there a Separation Agreement? _____

Are you interested in reconciliation? _____ Is your spouse? _____

ASSETS

In the Name
of

Date Acquired

Funds came
from

Real Estate

Address: _____

Legal Description: _____

Estimated value: _____

Mortgages: First: _____

 Second: _____

Address: _____

Legal Description: _____

Estimated value: _____

Mortgages: First: _____

 Second: _____

Address: _____

Legal Description: _____

Estimated value: _____

Mortgages: First: _____

 Second: _____

Other: _____

Automobiles, Boats

Make: _____ Year: _____

Estimated value: \$ _____

Loan: _____

Make: _____ Year: _____

Estimated value: \$ _____

Loan: _____

Make: _____ Year: _____

Estimated value: \$ _____

Loan: _____

Household Items and Furnishings

Major Items

Market Value

In the Name
of

Date Acquired

Funds came
from

Bank Accounts
Institution

Amount

\$ _____
\$ _____
\$ _____
\$ _____

Banking Arrangements:

Pension
Institution

Amount

\$ _____ _____
\$ _____ _____
\$ _____ _____
\$ _____ _____
\$ _____ _____

Registered Retirement Savings Plans
Institution

Amount

\$ _____ _____ _____
\$ _____ _____ _____
\$ _____ _____ _____
\$ _____ _____ _____
\$ _____ _____ _____

Canada Savings Bonds

Face Value

Maturity Value

\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	_____	_____

Securities (shares, bonds debentures)

In the Name
of

Date Acquired

Funds came
from

Life and Disability Insurance

Death Benefits
Cash Surrender Value

Company: _____ \$ _____
Beneficiary: _____

Company: _____ \$ _____
Beneficiary: _____

Company: _____ \$ _____
Beneficiary: _____

Educational Trust: _____

Medical Insurance:

Paid for by: _____

Dental Insurance:

Paid for by: _____

Business Interests - Accounts Receivable

Other Loans

Charge Accounts

Amount Owing

\$ _____

\$ _____

\$ _____

\$ _____

Do you expect any changes in this information in the future? _____

Have you disposed of any assets in the last two years? _____