

# Verification of Personal Information



All clients please fill out applicable information \*

## Personal Information

\*Name: \_\_\_\_\_

\*Phone# (home): \_\_\_\_\_ \*(Cell)# \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Social Insurance Number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Current Address: \_\_\_\_\_

\*BEST WAY TO REACH YOU (circle):    PHONE,    EMAIL,    TEXT

Marital Status:  Single  Married  Common Law  Separated  Divorced

Widowed

If marital status has changed, please provide the date: \_\_\_\_\_

\*Spouses Name: \_\_\_\_\_ \*SIN# \_\_\_\_\_

\*Spouses Phone#: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Spouses Birth Date: \_\_\_\_\_

Names of Children/Dependants, Birthdate(s):

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