

INDEPENDENT ASSOCIATES, INC.

FAMILY DATA SHEET (children - grandchildren - heirs - trustees - powers of attorney)

Example:

NAME: Your Child's Name DOB: 9/12/64 SEX: F \*RELATIONSHIP: C

ADDRESS: Child's Address CITY: Indpls ST: IN ZIP: 46254

SOCIAL SECURITY NUMBER: 000-00-000 PHONE: (317) 555-0000

SPOUSE'S NAME: Sam SPOUSE'S AGE: 30

NO. OF CHILDREN: 1 NAME(S): Your grandchild's name AGE: 5

(if married, include last name) AGE:

AGE:

AGE:

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NAME: DOB: SEX: \*RELATIONSHIP:

ADDRESS: CITY: ST: ZIP:

SOCIAL SECURITY NUMBER: PHONE:

SPOUSE'S NAME: SPOUSE'S AGE:

NO. OF CHILDREN: NAME(S): AGE:

AGE:

AGE:

AGE:

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NAME: DOB: SEX: \*RELATIONSHIP:

ADDRESS: CITY: ST: ZIP:

SOCIAL SECURITY NUMBER: PHONE:

SPOUSE'S NAME: SPOUSE'S AGE:

NO. OF CHILDREN: NAME(S): AGE:

AGE:

AGE:

AGE:

AGE:

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\*RELATIONSHIP - USE THE FOLLOWING CODES TO INDICATE RELATIONSHIPS

C - Current marriage H - Husband's previous marriage W - Wife's previous marriage

NI - Niece NE - Nephew B - Brother

S - Sister A - Aunt U - Uncle

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_ \*RELATIONSHIP: \_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S AGE: \_\_\_\_\_  
NO. OF CHILDREN: \_\_\_\_ NAME(S): \_\_\_\_\_ AGE: \_\_\_\_\_  
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AGE: \_\_\_\_\_  
AGE: \_\_\_\_\_  
AGE: \_\_\_\_\_

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NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_ \*RELATIONSHIP: \_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S AGE: \_\_\_\_\_  
NO. OF CHILDREN: \_\_\_\_ NAME(S): \_\_\_\_\_ AGE: \_\_\_\_\_  
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AGE: \_\_\_\_\_  
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AGE: \_\_\_\_\_

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NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_ \*RELATIONSHIP: \_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S AGE: \_\_\_\_\_  
NO. OF CHILDREN: \_\_\_\_ NAME(S): \_\_\_\_\_ AGE: \_\_\_\_\_  
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NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_ \*RELATIONSHIP: \_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S AGE: \_\_\_\_\_  
NO. OF CHILDREN: \_\_\_\_ NAME(S): \_\_\_\_\_ AGE: \_\_\_\_\_  
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