

## INFORMATION CHECKLIST

PERSONAL INFORMATION					
Name:			First Name:		
Address:				Postal Code:	
Home Phone:		Office Phone:		Cellular:	
SIN:			Date of birth	Year:	Month: Day:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed					
Province of residence:			Email address:		
Residence: <input type="checkbox"/> Owner <input type="checkbox"/> Rental		Electoral list: <input type="checkbox"/> Yes <input type="checkbox"/> No		Living alone: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SPOUSAL INFORMATION					
Name:			First Name:		
Address: <input type="checkbox"/> Same or				Postal Code:	
Office Phone:			Cellular:		
SIN:			Date of birth	Year:	Month: Day:
Email address:					

CHILDREN					
Name:			First Name:		
Date of birth		Year:	Month:	Day: SIN:	
School:					
Name:			First Name:		
Date of birth		Year:	Month:	Day: SIN:	
School:					
Name:			First Name:		
Date of birth		Year:	Month:	Day: SIN:	
School:					

OTHER INFORMATION WHICH WOULD HELP US SERVE YOU BETTER					