

THE LAW OFFICE OF JEFFREY M. JANEIRO, P.L.

3400 Tamiami Trail North, SUITE 203

NAPLES, FLORIDA 34103

TEL. (239)-513-2324

FAX. (239)-513-9580

PRENUPTIAL QUESTIONNAIRE

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office. We rely upon the information that you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for you situation.

1. Client:

Name: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone# _____ Work/Other# _____

Social Security No.: _____

Are you a US Citizen _____ Yes _____ No D/O/B _____

Employer: _____

Occupation: _____

2. Future Spouse:

Name: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone# _____ Work/Other# _____

Social Security No.: _____

Are you a US Citizen _____ Yes _____ No D/O/B _____

Employer: _____

Occupation: _____

State of Residence: _____

Date of Marriage: _____

Children

Child 1 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Child 3 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Child 5 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Child 2 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Child 4 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Child 6 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Grandchildren

GrandChild 1 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

GrandChild 2 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

GrandChild 3 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

GrandChild 4 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

GrandChild 5 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

GrandChild 6 Full Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Address: _____
Home Phone: _____
Married: _____ Yes _____ No
Name of Spouse: _____

Should you have any other “dependents”, who are dependent upon you, for all or part of their support, please enter that information below:

Full Name: _____ Date of Birth: _____ Relationship: _____

Full Name: _____ Date of Birth: _____ Relationship: _____

Full Name: _____ Date of Birth: _____ Relationship: _____

Full Name: _____ Date of Birth: _____ Relationship: _____

Parents

Your Father: _____
Age or Date of Death: _____
Health: _____
Address: _____

Your Mother: _____
Age or Date of Death: _____
Health: _____
Address: _____

Siblings

Full Name: _____
Age or Date of Birth: _____
Address: _____
Home Phone: _____

Full Name: _____
Age or Date of Birth: _____
Address: _____
Home Phone: _____

Full Name: _____
Age or Date of Birth: _____
Address: _____
Home Phone: _____

Full Name: _____
Age or Date of Birth: _____
Address: _____
Home Phone: _____

General Medical Information

Your Attending Physician: _____ Address: _____
Spouse's Attending Physician: _____ Address: _____
Specialists: _____

Professional Advisors

Accountant: _____	Phone #: _____
Financial Planner: _____	Phone #: _____
Stock Broker: _____	Phone #: _____
Insurance Agent: _____	Phone #: _____

Do you desire any of the above named people to be involved with your consultation? ___ Yes ___ No
If yes, who? _____

Safe Deposit Box

Do you have a safe deposit box? _____ Yes _____ No If so Where? _____
Does anyone else have access to your box? _____

Financial Information

Your Employment Income: _____ Amount: _____
Spouse's Employment Income: _____ Amount: _____

Real Estate

Primary Residence Address: _____
Owner: _____
Mortgage: _____ Yes _____ No If Yes, Balance Owed: _____
Fair Market Value: _____

Secondary Residence Address: _____
Owner: _____
Mortgage: _____ Yes _____ No If Yes, Balance Owed: _____
Fair Market Value: _____

Other Real Property: _____

Personal Assets

Vehicle Type: _____	Owner: _____	Value: _____
Vehicle Type: _____	Owner: _____	Value: _____
Watercraft: _____	Owner: _____	Value: _____
Home Furnishings: _____	Owner: _____	Value: _____
Art Collection: _____	Owner: _____	Value: _____
Coin Collection: _____	Owner: _____	Value: _____
Other Collection: _____	Owner: _____	Value: _____
Jewelry: _____	Owner: _____	Value: _____
Misc.: _____	Owner: _____	Value: _____
Misc.: _____	Owner: _____	Value: _____

Business Assets

Type: _____	Owner: _____	Value: _____
Type: _____	Owner: _____	Value: _____
Type: _____	Owner: _____	Value: _____

Bank Accounts

Bank Name: _____	Owner: _____	Value: _____
Bank Name: _____	Owner: _____	Value: _____

Bank Name: _____ Owner: _____ Value: _____
Bank Name: _____ Owner: _____ Value: _____

CD's or Savings Bonds

Type: _____ Maturity Date: _____ Owner: _____ Value: _____
Type: _____ Maturity Date: _____ Owner: _____ Value: _____
Type: _____ Maturity Date: _____ Owner: _____ Value: _____
Type: _____ Maturity Date: _____ Owner: _____ Value: _____
Type: _____ Maturity Date: _____ Owner: _____ Value: _____

Retirement Accounts

Type: _____ Beneficiary: _____ Owner: _____ Value: _____
Type: _____ Beneficiary: _____ Owner: _____ Value: _____
Type: _____ Beneficiary: _____ Owner: _____ Value: _____
Type: _____ Beneficiary: _____ Owner: _____ Value: _____
Type: _____ Beneficiary: _____ Owner: _____ Value: _____

Investment Accounts

Type: _____ Cost Basis: _____ Owner: _____ Value: _____
Type: _____ Cost Basis: _____ Owner: _____ Value: _____
Type: _____ Cost Basis: _____ Owner: _____ Value: _____
Type: _____ Cost Basis: _____ Owner: _____ Value: _____
Type: _____ Cost Basis: _____ Owner: _____ Value: _____

Stock Options

Type: _____ Vesting Date: _____ Owner: _____ Value: _____
Type: _____ Vesting Date: _____ Owner: _____ Value: _____
Type: _____ Vesting Date: _____ Owner: _____ Value: _____
Type: _____ Vesting Date: _____ Owner: _____ Value: _____
Type: _____ Vesting Date: _____ Owner: _____ Value: _____

Life Insurance

Owner: _____
Cash Value: _____
Premium: _____
Insured: _____
Beneficiary: _____
Death Benefit: _____

Owner: _____
Cash Value: _____
Premium: _____
Insured: _____
Beneficiary: _____
Death Benefit: _____

Owner: _____
Cash Value: _____

Owner: _____
Cash Value: _____

Premium: _____
Insured: _____
Beneficiary: _____
Death Benefit: _____

Premium: _____
Insured: _____
Beneficiary: _____
Death Benefit: _____

Children's Accounts

Bank Name: _____	Owner: _____	Value: _____
Bank Name: _____	Owner: _____	Value: _____
Bank Name: _____	Owner: _____	Value: _____
Bank Name: _____	Owner: _____	Value: _____

Other

Description: _____	Owner: _____	Value: _____
Description: _____	Owner: _____	Value: _____
Description: _____	Owner: _____	Value: _____
Description: _____	Owner: _____	Value: _____
Description: _____	Owner: _____	Value: _____

Liabilities

Owed To: _____	Value: _____	Comments: _____
Owed To: _____	Value: _____	Comments: _____
Owed To: _____	Value: _____	Comments: _____
Owed To: _____	Value: _____	Comments: _____
Owed To: _____	Value: _____	Comments: _____

Total Liabilities: \$ _____ **Total Assets:** _____

Any Additional Information You Wish to Share May Be Noted Below:
