



Matrimonial Information Sheet

Date: _____

Your Name: _____

Maiden Name: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

E-mail address: _____

SSN: _____ - _____ - _____

Employer: _____

How Long Employed? _____

Annual Salary: _____

Education: _____

Your Date of Birth: ____/____/____

State of Birth: _____

Length of Residence in NY: _____

Date of Marriage: _____

Place of Marriage: _____
(City or Town) (County) (State)

How many times married for you? ____ and for your spouse? _____

Names, Birthdates **and** Social Security Numbers of children of this marriage:

_____ DOB ____/____/____ SS# _____ - _____ - _____

_____ DOB ____/____/____ SS# ____/____/____

Health Insurance Information:

Name of Plan: _____

Address of Plan: _____

Spouse's Name: _____

Spouse's Maiden Name: _____

Spouse's Address: _____

Spouse's Home Number: _____

Spouse's Work Number: _____

E-mail address: _____

Spouse's SSN: _____ - _____ - _____

Spouse's Employer: _____

How long employed? _____

Annual Salary: _____

Education: _____

Spouse's Date of Birth ____/____/____

State of Birth: _____

Length of Residence in NY: _____