



WILL PREPARATION APPLICATION FORM

(Please complete ALL information in CAPITAL letters)

1. PERSONAL INFORMATION

1. FULL NAME OF PERSON REQUESTING SERVICE CALLED TESTATOR/TESTATRIX (as stated and spelt on his/her birth certificate)

MR. MRS. MS. LAST NAME:

FIRST NAME:

MIDDLE NAME(S):

2. DATE OF BIRTH (mm/dd/yyyy):

3. MARITAL STATUS: Single Married Divorced

4. PERMANENT ADDRESS: STREET/AVENUE:

5. CITY/TOWN:

6. PARISH/STATE:

7. ZIP/POSTAL CODE:

8. COUNTRY:

9. TELEPHONE NOS.: Home:

Mobile:

Work:

Ext.:

10. LOCAL CONTACT ADDRESS: STREET/AVENUE:

11. CITY/TOWN:

12. PARISH/STATE:

13. ZIP/POSTAL CODE:

14. COUNTRY:

15. LOCAL CONTACT TELEPHONE NOS.: Home:

Mobile:

Work:

Ext.:

16. FULL NAME OF SPOUSE (as applicable; as stated and spelt on his/her birth certificate)

MR. MRS. MS. LAST NAME:

FIRST NAME:

MIDDLE NAME(S):

17. DATE OF BIRTH (mm/dd/yyyy):

18. PERMANENT ADDRESS: STREET/AVENUE:

19. CITY/TOWN:

20. PARISH/STATE:

21. ZIP/POSTAL CODE:

22. COUNTRY:

23. TELEPHONE NOS.: Home:

Mobile:

Work:

Ext.:

24. "ARE YOU A PARTY TO A UNION OTHER THAN A MARRIAGE"?

(Union Other Than Marriage means a relationship between a man and a woman who have been continually living together in a household for a period of five (5) years or more as an economic and family unit)

Yes No

25. FULL NAME OF YOUR COMMON LAW PARTNER (as stated and spelt on his/her birth certificate)

MR. MRS. MS. LAST NAME:

FIRST NAME:

MIDDLE NAME(S):

26. DATE OF BIRTH (mm/dd/yyyy):

27. TELEPHONE NOS.: Home:

Mobile:

Work:

Ext.:

4. DECLARATION OF DEBTS *(debts owed by Testator/Testatrix)*

NATURE OF DEBT	AMOUNT OUTSTANDING	CREDITOR/LENDER	CONTACT PERSON AT CREDITOR/LENDER
MORTGAGE			
HIRE PURCHASE			
PERSONAL LOANS			
CREDIT UNION(S)			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			

Is there an existing **Engagement to be married**, pending Divorce or Dissolution of a Union other than Marriage? Yes No

Signed this day of in the year in the presence of
(Name in BLOCK letters)

SIGNATURE OF TESTATOR/TESTATRIX: SIGNATURE OF WITNESS:

National Registration Number of Testator/Testatrix:

1. FEES PAID: Yes No

2. DISPOSITION OF WILL:

Depository of Will at Supreme Court: Yes No

To be retained by Member: Yes No

FOR OFFICIAL USE ONLY

NAME OF STAFF MEMBER VERIFYING APPLICATION FORM *(please print)*:

SIGNATURE OF STAFF MEMBER VERIFYING APPLICATION FORM: DATE (mm/dd/yyyy):