

# What Your Spouse Should Know if *Something* Happens to You

## CURRENT MARRIAGE

Name of Spouse \_\_\_\_\_

Other Name Used \_\_\_\_\_

Reason \_\_\_\_\_

Current Address \_\_\_\_\_

DOB \_\_\_\_\_ City, County, State \_\_\_\_\_

Date of Marriage \_\_\_\_\_

City, County, State \_\_\_\_\_

## CHILDREN BORN TO THIS MARRIAGE

Name \_\_\_\_\_

DOB \_\_\_\_\_ City, County, State \_\_\_\_\_

DOD \_\_\_\_\_ City, County, State \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_ City, County, State \_\_\_\_\_

DOD \_\_\_\_\_ City, County, State \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_ City, County, State \_\_\_\_\_

DOD \_\_\_\_\_ City, County, State \_\_\_\_\_