PROBATE INFORMATION FORM

Petitioner:

NAME: _____

Mailing Address:: _____ Home Phone: _____
City, State, Zip: _____ Work Phone: _____
Gender: _____ Hair Color: _____
Birthdate: _____ Driver's License #: _____
Weight: _____ Expiration Date: _____
Height: _____ State Issuing License: _____
Eye Color: _____ Social Security #: _____
Race: _____ Relationship to Ward: _____
Attorney's Name: _____ Phone: _____
Mailing Address:: _____ City, State, Zip: _____

NAME: _____

Mailing Address:: _____ Home Phone: _____
City, State, Zip: _____ Work Phone: _____
Gender: _____ Hair Color: _____
Birthdate: _____ Driver's License #: _____
Weight: _____ Expiration Date: _____
Height: _____ State Issuing License: _____
Eye Color: _____ Social Security #: _____
Race: _____ Relationship to Ward: _____
Attorney's Name: _____ Phone: _____
Mailing Address:: _____ City, State, Zip: _____

Ward:

WARD 1's Name: _____ Phone: _____
Mailing Address:: _____ Birthdate: _____
City, State, Zip: _____ Social Security #: _____
Attorney's Name: _____ Phone: _____
Mailing Address:: _____ City, State, Zip: _____

WARD 2's Name: _____ Phone: _____
Mailing Address:: _____ Birthdate: _____
City, State, Zip: _____ Social Security #: _____
Attorney's Name: _____ Phone: _____
Mailing Address:: _____ City, State, Zip: _____

WARD 3's Name: _____ Phone: _____
Mailing Address:: _____ Birthdate: _____
City, State, Zip: _____ Social Security #: _____
Attorney's Name: _____ Phone: _____
Mailing Address:: _____ City, State, Zip: _____