Heritage Trust

Personal Information

Legal (and maiden) name:_____

Address:_____

Phone number: _____

Mobile number: _____

Email address:_____

Date of birth:_____

Where I was born:_____

Date of marriage:_____

Name of my spouse:_____

Where we were married:_____

Name of previous spouse (if any):_____

Social insurance number:_____

Driver's license or Provincial ID number:_____

Personal health number:_____

Schools that I attended:_____

Degrees earned:_____

When obtained:_____

Where obtained:_____

Designations earned:_____

When obtained:_____

Where obtained:_____

Religion:_____

Heritage Trust

Church:_____

Current occupation: _____

Employer: _____

Previous occupations:_____

_____

My citizenship(s):_____

Indian Status? ❑ Yes ❑ No If yes, attach Certificate of Indian Status.

My military service_____

Rank obtained:_____

Details of discharge:_____

Blood type:_____

Allergies:_____

Location of Vaccination record:_____

Registered with provincial organ donor registry? ❑ Yes ❑ No

Greensleeves package? ❑ Yes ❑ No

Location: of Greensleeves package:_____ _____

Medical conditions:_____

_____

Medications that I take: _____

_____

_____

_____

Medical history: _____

_____

Name of my father:

Maiden name of my mother:

Names of my children and their spouses:

Names of my grandchildren:

Names of my siblings:

Heritage Trust

Minor Children and Dependents

Do you have minor children or dependents? ❑ Yes ❑ No

Minor Child / Dependent Information

Name: _____

Phone number:_____ Birthday: _____

School: _____ Grade: _____

School phone number: _____

Trusted friends: _____

Care instructions:

_____

_____

_____

Name: _____

Phone number:_____ Birthday: _____

School: _____ Grade: _____

School phone number: _____

Trusted friends: _____

Care instructions:

_____

_____

_____

Heritage Trust

Name: _____

Phone number:_____ Birthday: _____

School: _____ Grade: _____

School phone number: _____

Trusted friends: _____

Care instructions:

_____

_____

_____

Name: _____

Phone number:_____ Birthday: _____

School: _____ Grade: _____

School phone number: _____

Trusted friends: _____

Care instructions:

_____

_____

_____

Pets

Name: _____

Breed: _____

Birthdate: _____

Person to care for pet in event of illness / death: _____

Veterinarian name: _____

Veterinarian address: _____Phone number_____

Name: _____

Breed: _____

Birthdate: _____

Person to care for pet in event if illness / death: _____

Veterinarian name: _____

Veterinarian address:_____ Phone number:_____

Name: _____

Breed: _____

Birthdate: _____

Person to care for pet in event of illness / death: _____

Veterinarian name: _____

Veterinarian address: _____Phone number_____

Professional Advisors

Physician

Name: _____

Clinic name: _____

Address:_____ Phone number:_____

Email: _____Date of last visit:_____

Dentist

Name: _____

Clinic name: _____

Address:_____ Phone number:_____

Email: _____Date of last visit:_____

Lawyer

Name: _____

Firm / Company: _____

Address:_____ Phone number:_____

Email: _____Date of last visit:_____

Accountant

Name: _____

Firm / Company: _____

Address:_____ Phone number:_____

Email: _____Date of last visit:_____

Did your accountant complete your last tax return? ❑ Yes ❑ No

Investment/Financial Advisor(s)

Name: _____

Firm / Company: _____

Address:_____ Phone number:_____

Email: _____Date of last visit:_____

Name: _____

Firm / Company: _____

Address:_____ Phone number:_____

Email: _____Date of last visit:_____

Insurance advisor

Name: _____

Firm / Company: _____

Address:_____ Phone number:_____

Email: _____Date of last visit:_____

Jewellery Appraiser:

Name:_____ Phone:_____

Address:_____

Artwork Appraiser:

Name:_____ Phone:_____

Address:_____

Other

Name: _____

Firm / Company: _____

Address:_____ Phone number:_____

Email: _____Date of last visit:_____

Do you have any specific instructions for your advisors?

_____
_____
_____
_____
_____

Contact Information of Friends, Family and Other Important People

NAME:_____ PHONE:_____

ADDRESS:_____ EMAIL:_____

NAME:_____ PHONE:_____

ADDRESS:_____ EMAIL:_____

NAME:_____ PHONE:_____

ADDRESS:_____ EMAIL:_____

Heritage Trust

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

NAME:______________________ PHONE:______________________

ADDRESS:______________________ EMAIL:______________________

Heritage Trust

NAME:________ PHONE:________

ADDRESS:________ EMAIL:________

NAME:________ PHONE:________

ADDRESS:________ EMAIL:________

NAME:________ PHONE:________

ADDRESS:________ EMAIL:________

NAME:________ PHONE:________

ADDRESS:________ EMAIL:________

NAME:________ PHONE:________

ADDRESS:________ EMAIL:________

NAME:________ PHONE:________

ADDRESS:________ EMAIL:________

NAME:________ PHONE:________

ADDRESS:________ EMAIL:________

NAME:________ PHONE:________

ADDRESS:________ EMAIL:________

NAME:________ PHONE:________

ADDRESS:________ EMAIL:________

Professional Organizations I belong to:

Name:_____ Phone:_____

Address:_____

Name_____ Phone:_____

Address:_____

Name:_____ Phone:_____

Address:_____

Other:

Name:_____ Phone:_____

Address:_____

Name:_____ Phone:_____

Address:_____

Name:_____ Phone:_____

Address:_____

Contact Information for Estate Beneficiaries:

Name:_____

Address:_____

Phone:_____

Email:_____

Name:_____

Address:_____

Phone:_____

Email:_____

Name:_____

Address:_____

Phone:_____

Email:_____

Name:_____

Address:_____

Phone:_____

Email:_____

Name:_____

Address:_____

Phone:_____

Email:_____