

SECTION ONE – Information About the Client

Contact Details

Full Name:

(The name must exactly match the name as recorded on the Certificate of Marriage,
Exception – If the Wife took the spouse’s last name or hyphenated her last name, list this
name.)

Also Known As:

Address:

(Do not use a mailbox number or a post office box number. Please include the postal code.)

Mailing Address:

If different from address above.

Phone #(s):

_____ Home/Cell

_____ Work

Email:

Personal Details

Date of Birth:

_____ Place of Birth _____

BC Resident since:

(if born in BC write “birth”)

Surname Prior to Marriage: _____

Surname at Birth: _____

Marital Status Before Marriage

Never Married

Divorced

Widowed

Employment

Name of Employer:

Occupation:

Gross Annual Income:

\$ _____

You may be asked to provide certain documents pertaining to the contents of this questionnaire,
e.g. income tax returns, property assessments, agreements etc.

SECTION TWO – Information About the Other Party

Contact Details

Full Name: _____

(The name must exactly match the name as recorded on the Certificate of Marriage, Exception – If the Wife took the spouse’s last name or hyphenated her last name, list this name.)

Also Known As: _____

Address: _____

(Do not use a mailbox number or a post office box number. Please include the postal code.)

Mailing Address: _____

If different from address above.

Phone #(s): _____

Home/Cell

Work

Email: _____

Personal Details

Date of Birth: _____

Place of Birth _____

BC Resident since: _____

(if born in BC write “birth”)

Surname Prior to Marriage: _____

Surname at Birth: _____

Marital Status Before Marriage

Never Married

Divorced

Widowed

Employment

Name of Employer: _____

Occupation: _____

Gross Annual Income: \$ _____

SHOULD IT BE NECESSARY TO SERVE DOCUMENTS PLEASE PROVIDE A RECENT PHOTE OF THE OTHER PARTY

SECTION THREE – Information about the Relationship

Date of Cohabitation: _____
(write the date you began living together)

Date of Marriage: _____

Place of Marriage: _____
(Write the place of marriage as it appears on your Certificate of Marriage)

Date of Separation: _____

IF MARRIED PLEASE PROVIDE YOUR GOVERNMENT ISSUED MARRIAGE CERTIFICATE. IF YOU DO NOT HAVE ONE YOU WILL NEED TO ORDER ONE FROM VITAL STATISTICS.

SECTION FOUR – Information about the Children

Are there children of the relationship? Yes No

Child 1

Full Name: _____

Date of Birth: _____

Resides with: Mom Dad Both

Child 2

Full Name: _____

Date of Birth: _____

Resides with: Mom Dad Both

Child 3

Full Name: _____

Date of Birth: _____

Resides with: Mom Dad Both

Is there medical/dental coverage for the children? Yes No

Medical Coverage provided by: Mom Dad Both

Dental Coverage provided by: Mom Dad Both