

**LIFEPLAN NEBRASKA
DORWART LAW OFFICE
CHARLES E. DORWART, P.C., L.L.O.**

CLIENT INFORMATION

First Name: _____ Middle Name: _____
Last Name: _____
Alias #1: _____ Alias #2: _____
Address: _____ City: _____ State: _____
ZIP: _____ County: _____ Home Phone: () _____
Work Phone: () _____ SS #: _____ - _____ - _____ DOB: ____/____/____
Date of Marriage: _____ *Gender:* Male Female *US Citizen:* Yes No
Title: Mr. Mrs. Ms. Dr. Client Email Address: _____

SPOUSE INFORMATION

First Name: _____ Middle Name: _____
Last Name: _____
Alias #1: _____ Alias #2: _____
Work Phone: () _____ SS #: _____ - _____ - _____ DOB: ____/____/____
Gender: Male Female *US Citizen:* Yes No
Title: Mr. Mrs. Ms. Dr. Client Email Address: _____

CLIENT TYPE

Trust: *Wills:* *Powers of Attorney:* *Estate:* *Trust Administration:* *Other:* _____

WHAT PERSON OR OTHER SOURCE REFERRED YOU TO US?:

DEX: Online Phonebook *Yellowbook:* *LifePlan Nebraska Client:* _____ *St. Bernadette Ad:*
New Horizons: *BNI:* *Financial Advisor:* _____ *Other:* _____