

FREE WILL BAPTIST
FOUNDATION 

FWB Church/City _____ Date: ____/____/____ Representative _____
Client: _____ (DOB) ____/____/____
Spouse: _____ (DOB) ____/____/____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ County: _____
E-Mail Address: _____

(A) CHILDRENS NAMES

Name: _____ (DOB) ____/____/____ (NOTES) _____
Name: _____ (DOB) ____/____/____ _____
Name: _____ (DOB) ____/____/____ _____
Name: _____ (DOB) ____/____/____ _____
Name: _____ (DOB) ____/____/____ _____
Name: _____ (DOB) ____/____/____ _____

(B) DISTRIBUTION Equally ____ Undecided ____ Need to speak with the Attorney ____ FWB Ministry _____

(C) SUCCESSOR TRUSTEE/TRUSTEES In Order: _____ Jointly: _____

Name: _____ Phone Number: _____
Address: _____ City/State: _____ Zip Code: _____
Name: _____ Phone Number: _____
Address: _____ City/State: _____ Zip Code: _____

(D) DURABLE POWER OF ATTORNEY ****IF MARRIED, HUSBAND & WIFE PRE-AUTHORIZE EACH OTHER****

Client 1st Alt: _____ Spouse 1st Alt: _____
Client 2nd Alt: _____ Spouse 2nd Alt: _____

(E) MEDICAL POWER OF ATTORNEY ****IF MARRIED, HUSBAND & WIFE PRE-AUTHORIZE EACH OTHER****

Client 1st Alt: _____ Spouse 1st Alt: _____
Client 2nd Alt: _____ Spouse 2nd Alt: _____

How many properties? _____ States the property(ies) are in: _____

Are you a business owner? Yes ____ No ____ Name of business: _____