



The Village at Park Royal
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TODAYS DATE: _____

CLIENT INFORMATION FORM
COHABITATION OR MARRIAGE AGREEMENT
(to be completed by either one or both parties)

Your Information:

Full name (Given, middle and last name): _____

Date of Birth (DD/MM/YYYY): _____ Place of Birth: _____

Cell Phone Number: _____ / Can I contact you here? YES/NO

Alt Phone Number (if Appl): _____ / Can I contact you here? YES/NO

Email Address: _____ / Can I contact you here? YES/NO

Home Address and postal code: _____

Can correspondence be sent to your home address? YES/NO

If not, where? _____

Were you married before? YES/NO

Details of previous marriage (date of divorce/death of spouse) _____

Your surname before marriage: _____ Your surname at birth: _____

Emergency Contact (name): _____

Phone Number: _____ / E-Mail: _____

Spouse's Information:

Full name (Given, middle and last name): _____

Date of Birth (DD/MM/YYYY): _____ Place of Birth: _____

Cell Phone Number: _____ / Can I contact you here? YES/NO

Alt Phone Number (if Appl): _____ / Can I contact you here? YES/NO

Email Address: _____ / Can I contact you here? YES/NO

Home Address and postal code: _____

Were you married before? YES/NO

Details of previous marriage (date of divorce/death of spouse) _____

Your surname before marriage: _____ Your surname at birth: _____

Intentions:

Intended date of commencement of cohabitation:
(DD/MM/YYYY) _____

Intended date of marriage: (DD/MM/YYYY) _____

Children:

Do you have children? YES/NO
Full Legal Name of the Child(ren): _____

Date of Birth (DD/MM/YYYY) & Birthplace: _____
Financially Dependent? YES/NO

Does your spouse have children? YES/NO
Full Legal Name of the Child(ren) _____

Date of Birth (DD/MM/YYYY) & Birthplace: _____
Financially Dependent? YES/NO

Your Income/Employment:

Name of Employer or name of business? _____
Position Held: _____ Date of Commencement _____
Schedule of employment: hours/days per week? _____
Income per annum? _____ Extended Health Benefits? _____
Other sources of income? (e.g. rental, dividends, disability, Government benefits, etc.)?

Spouse's Income/Employment:

Name of Employer or name of business? _____
Position Held: _____ Date of Commencement _____
Schedule of employment: hours/days per week? _____
Income per annum? _____ Extended Health Benefits? _____
Other sources of income? (e.g. rental, dividends, disability, Government benefits, etc.)?

Information on Assets and Debts:

List assets owned by you, your spouse, or both of you jointly:

ASSETS

Real Estate (list full address) • Include any residential/rental property	Value (approximate)	Date Purchased	Owned by Self / Spouse or Joint?

Vehicles/Boats/Trailers <ul style="list-style-type: none"> • Make, Model and Year 	Value (approximate)	Date Purchased	Owned by Self / Spouse or Joint?
Financial assets (include name of bank/financial institution) <ul style="list-style-type: none"> • List savings & chequing account, term deposits, GIC's, stocks, bonds, mutual funds, etc. 	Type of Account	Balance	Owned by Self / Spouse or Joint?
Life Insurance Policy Provider	Account #	Death Benefit Payable or Cash Surrender Value?	Owned by Self / Spouse or Joint?
RRSP's/RIF's/TFSA etc. (include name of bank/financial institution)	Account #	Value (approximate)	Owned by Self / Spouse or Joint?
PENSION (company, union, CPP)	Account #	Estimated Value	Owned by Self / Spouse or Joint?
Business Interests	Value (approximate)	Owned by Self / Spouse or Joint?	

Other	Amount (approximate)	Owned by Self / Spouse or Joint?

Any important information pertaining to the acquisition of assets?

Were any of the above assets purchased jointly? If yes please give details.

Are you and your spouse intending to purchase assets jointly? YES/NO

Do you or your spouse have any excluded property/assets: YES/NO

If yes, please describe: _____

Did you or your spouse receive an inheritance: YES/NO

If yes, please describe: _____

List any debts owed by you, your spouse, or both of you jointly:

Indicate who is responsible for the debt:

DEBTS

Secured debts (list bank/financial institution) • Mortgages/Lines of Credit	Amount (approximate)	Owned by Self / Spouse or Joint
Unsecured debts • Bank loans • Credit cards • Personal loans	Amount (approximate)	Owned by Self / Spouse or Joint

Any information relevant to the debts, or acquisition of debts?

Are you intending to share debts or enter into joint debt with your spouse? YES/NO

Do you and your spouse intend to be financially independent during the relationship? YES/NO

Management of Household Expenses

What is your intention with respect to management of household expenses once you are married or living together?

Intentions in Agreement in the event of Separation:

Do you intend to pay spousal support to each other if the relationship ends? YES/NO

Do you intend to divide property if your relationship ends or will you remain separate as to property? YES/NO

Will you share the increase in value of your excluded property if the relationship ends? YES/NO

Will you each be making wills and leaving your assets and estate to your beneficiaries as you see fit?

Is there any other information that you think should be included in your cohabitation agreement?

Please attach the **most recent** copy of the following statements or documents to this questionnaire, if relevant.

a. BC Assessment if you own real property,

- b. RRSP**
- c. Investment account**
- d. Bank account**
- e. Credit cards**
- f. Line of credit**
- g. mortgage statement**

Other relevant documents attached – please list

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- e. Credit cards**
- f. Line of credit**
- g. mortgage statement**
- h. Other relevant documents attached – please list**



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Credit Card Authorization

We confirm that your signature below authorizes us to pay any outstanding balance on your account with this credit card:

VISA –or- MASTERCARD (circle one)

Cardholder's Name: _____

Expiry Date: _____

Card Number: _____

Signature: _____