

NEW CLIENT DATA FORM

(Please complete the following information and Print it out)

Date Completed 6/30/2005

1) **Full Legal Name** _____

2) **E-Mail Address** _____

3) **Home Address** _____

City _____ **State** MA **Zip** _____

4) **Business Address** _____

City _____ **State** MA **Zip** _____

5) **Goals And Objectives Relating To Estate Planning**

6) **Problems Involving Your Estate At Present**

7) **Indicate if we may contact you to arrange an appointment for a free consultation to discuss solutions to your estate planning concerns.**

Yes **No**