



Stewardship Financial Advisors, LLC Consultation Form

Consultation Date: _____

Married (Date of Marriage _____) Widowed (D.O.D. _____) Single Divorced

Client 1: _____ Date of Birth: _____
first, middle, last SSN: _____

U.S. Citizen No Yes
U.S. Veteran No Yes _____ years of service

Client 2: _____ Date of Birth: _____
first, middle, last SSN: _____

U.S. Citizen No Yes
U.S. Veteran No Yes _____ years of service

Address: _____

City: _____ State: _____ Zip: _____

Client 1: Home Number: _____ **Client 2:** Home Number: _____

Cell Number: _____ Cell Number: _____

Email Address: _____ Email Address: _____

(By providing your e-mail address(es), you acknowledge that we will correspond with you via e-mail in lieu of paper mail as applicable.)

Children

Full Name (First, Middle, Last)	Sex	Date of Birth	Parent of child		Status of Child		
			Client 1	Client 2	Living	Deceased	Special Needs
1) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing address: _____							
City: _____ State: _____ Zip: _____							
Home Number : _____ E-mail: _____							
Cell Number: _____ Number of Your Grandchildren: _____							
2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing address: _____							
City: _____ State: _____ Zip: _____							
Home Number : _____ E-mail: _____							
Cell Number: _____ Number of Your Grandchildren: _____							
3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing address: _____							
City: _____ State: _____ Zip: _____							
Home Number : _____ E-mail: _____							
Cell Number: _____ Number of Your Grandchildren: _____							
4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing address: _____							
City: _____ State: _____ Zip: _____							
Home Number : _____ E-mail: _____							
Cell Number: _____ Number of Your Grandchildren: _____							

OVER... more information on back

