

**NOTE: THIS DOCUMENT CONTAINS HIGHLY CONFIDENTIAL INFORMATION AND SHOULD BE SAVED IN A SECURE LOCATION AND IF TRANSMITTED ELECTRONICALLY IT SHOULD BE SENT SECURLY AND ENCRYPTED.**

**STATEMENT OF INFORMATION  
CONFIDENTIAL INFORMATION FOR  
YOUR PROTECTION**

**Order No.:**

Completion of this statement expedites your application for title insurance, as it assists in establishing identity, eliminating matters affecting persons with similar names and avoiding the use of fraudulent or forged documents. Complete all blanks (please print) or indicate "none" or "N/A." If more space is needed for any item(s), use the reverse side of the form. Each party (and spouse/domestic partner, if applicable) to the transaction should personally sign this form.

**NAME AND PERSONAL INFORMATION**

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ (If none, indicate) Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Issuing State \_\_\_\_\_  
List any other name you have used or been known by \_\_\_\_\_  
State of residence \_\_\_\_\_ I have lived continuously in the U.S.A. since \_\_\_\_\_

Are you currently married? \_\_\_\_\_ If yes, complete the following information:

Date and place of marriage \_\_\_\_\_  
Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ (If none, indicate) Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Issuing State \_\_\_\_\_  
List any other name you have used or been known by \_\_\_\_\_  
State of residence \_\_\_\_\_ I have lived continuously in the U.S.A. since \_\_\_\_\_

Are you currently a registered domestic partner? \_\_\_\_\_ If yes, complete the following information:

Domestic Partner: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ (If none, indicate) Business Phone \_\_\_\_\_ Birthplace \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Issuing State \_\_\_\_\_  
List any other name you have used or been known by \_\_\_\_\_  
State of residence \_\_\_\_\_ I have lived continuously in the U.S.A. since \_\_\_\_\_

**CHILDREN**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(if more space is required, use reverse side of form)

**RESIDENCES (LAST 10 YEARS)**

Number & Street \_\_\_\_\_ City From \_\_\_\_\_ (date) to (date) \_\_\_\_\_  
Number & Street \_\_\_\_\_ City From \_\_\_\_\_ (date) to (date) \_\_\_\_\_  
(if more space is required, use reverse side of form)

**OCCUPATIONS/BUSINESSES (LAST 10 YEARS)**

Firm or Business Name \_\_\_\_\_ Address From \_\_\_\_\_ (date) to (date) \_\_\_\_\_  
Firm or Business Name \_\_\_\_\_ Address From \_\_\_\_\_ (date) to (date) \_\_\_\_\_  
(if more space is required, use reverse side of form)

**SPOUSE'S/DOMESTIC PARTNER'S OCCUPATIONS/BUSINESSES (LAST 10 YEARS)**

Firm or Business Name \_\_\_\_\_ Address From \_\_\_\_\_ (date) to (date) \_\_\_\_\_  
Firm or Business Name \_\_\_\_\_ Address From \_\_\_\_\_ (date) to (date) \_\_\_\_\_  
(if more space is required, use reverse side of form)

