

STATEMENT OF INFORMATION

WFG Title Company

Order No.: _____

PROPERTY IN QUESTION: _____
Address City Zip

NOTE: This form is needed in order to eliminate judgments and liens against people with similar names

Party 1			Party 2		
First	Middle	Last	First	Middle	Last
Former Last Name(s), if any			Former Last Name(s), if any		
Birthplace		Birth Date	Birthplace		Birth Date
Social Security Number		Driver's License	Social Security Number		Driver's License
<input type="checkbox"/> am single <input type="checkbox"/> am married <input type="checkbox"/> have a domestic partner			<input type="checkbox"/> am single <input type="checkbox"/> am married <input type="checkbox"/> have a domestic partner		
Name of current spouse or domestic partner <small>(if different from Party 2)</small>			Name of current spouse or domestic partner <small>(if different from Party 1)</small>		
Name of former spouse or domestic partner <small>(if none, write "none")</small>			Name of former spouse or domestic partner <small>(if none, write "none")</small>		

Residences Last 10 Years			
Party 1:	Number and Street	City, State, Zip	From (date) To (date)
	Number and Street	City, State, Zip	From (date) To (date)
Party 2:	Number and Street	City, State, Zip	From (date) To (date)
	Number and Street	City, State, Zip	From (date) To (date)

Occupations Last 10 Years			
Party 1:	Occupation	Firm Name	Address
	Occupation	Firm Name	Address
Party 2:	Occupation	Firm Name	Address
	Occupation	Firm Name	Address

Party 1:

Signature: _____

Date: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email Address: _____

Party 2:

Signature: _____

Date: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email Address: _____