



COHABITATION AGREEMENT QUESTIONNAIRE

****NOTE: Please do your best to complete all required fields below. If you require additional space for any portion of the form, please use the space provided at the end. If you are uncertain of the answers to any of the fields below, please leave blank and email the form as is to kokimaw@entrustlaw.ca. A member of the Entrust team will be in touch to discuss the matter with you further. Thank you****

PART 1: PERSONAL INFORMATION			
INFORMATION ABOUT YOU			
Full Legal Name:			
Address:			
Telephone:	Home	Business	Mobile
Can we leave messages: <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Number:			
Preferred E-mail:			
How were you referred to our office?			
Birthdate:			
Place of Birth			
If you were not born in BC, what date did you come to live in BC?			
Marital Status prior to this relationship	<input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Maiden Surname (if applicable)			
Name on birth certificate			
Other names you are or have been known by			
Gross Annual Income	\$		

If employed, name of employer			
Job Title or Description			
Source and amount of any other income (such as rental income, interest, dividends, pension, etc.):			
INFORMATION ABOUT YOUR SPOUSE/PARTNER			
Full Legal Name:			
Birthdate			
Place of Birth			
If he/she were not born in BC, what date did he/she come to live in BC?			
Marital Status prior to this relationship	<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced	
	<input type="checkbox"/> Widowed		
Maiden Surname (if applicable)			
Name on Birth Certificate			
Other names your spouse/partner is or has been known by			
Address (if different from your own)			
Telephone	Home	Business	Mobile
Preferred E-mail			
Annual Income	\$		
If employed, name of employer			
Job Title or Description			
Source and amount of any other income (such as rental income, interest, dividends, pension, etc.):			

INFORMATION ABOUT ANY CHILDREN			
Full Legal Name	Birthdate	With Whom the Child Resides	Is the child yours?/ your spouse / partners? Or both?
Is there child support being paid for any of the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, by whom and in what amount?			
Do you have medical coverage for the children through your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your Spouse/Partner have medical coverage for the children through their employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have dental coverage for the children through your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your Spouse/Partner have dental coverage for the children through their employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PART 2: COHABITATION INFORMATION			
Date the parties commenced living together			
Plans to marry at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the planned date and place of the wedding?			

PLEASE ALSO COMPLETE THE ASSETS & DEBTS SCHEDULE BY CLICKING
[HERE](#)